

# BROCK I.S.D. DIRECT DEPOSIT AUTHORIZATION

SS # \_\_\_\_\_ ID # \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Brock Independent School District to initiate entries to my checking/savings account at the financial institution listed below and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the Brock I.S.D. Business Manager is notified by me in writing to cancel in time to afford Brock I.S.D. and the financial institution a reasonable opportunity to complete cancellation.

## #1 - Primary Institution

<b>Name of Financial Institution</b>	<b>Address of financial institution - branch, city, state &amp; zip code</b>	
<b>Name on account - Please Print</b>		
<b>Total Check:</b>	<b>Set Amount:</b>	<b>Maximum amount:</b>
		Savings: _____
		Checking: _____
<b>Financial Institution Routing Number:</b>		
<small>(Located between these symbols   :1 on the bottom left of your check)</small>		

## #2 - Secondary Institution (Optional)

<b>Name of Financial Institution</b>	<b>Address of financial institution - branch, city, state &amp; zip code</b>	
<b>Name on account - Please Print</b>		
<b>Total Check:</b>	<b>Set Amount:</b>	<b>Maximum amount:</b>
		Savings: _____
		Checking: _____
<b>Financial Institution Routing Number:</b>		
<small>(Located between these symbols   :1 on the bottom left of your check)</small>		

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**NOTE: PLEASE BE SURE TO ATTACH A DEPOSIT SLIP OR VOIDED CHECK FOR EACH ACCOUNT TO BE USED FOR VERIFICATION PURPOSES.**