



**CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
 AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**
 (Direct deposit vouchers are available on-line @ <http://portal.ccisd.us>.)

NAME _____ EMPLOYEE ID NUMBER _____

SCHOOL/ORGANIZATION _____



ACCOUNT #1: New Change Cancellation
 Type: Checking Savings
 Bank Name: _____
 Routing #: _____ Account #: _____
 Deposit Amount: \$ _____ or 100% of check Payroll Use Only -- CDH: _____

ACCOUNT #2: New Change Cancellation
 Type: Checking Savings
 Bank Name: _____
 Routing #: _____ Account #: _____
 Deposit Amount: \$ _____ or 100% of check Payroll Use Only -- CDH: _____

ACCOUNT #3: New Change Cancellation
 Type: Checking Savings
 Bank Name: _____
 Routing #: _____ Account #: _____
 Deposit Amount: \$ _____ or 100% of check Payroll Use Only -- CDH: _____



For the purpose of direct deposit of payroll checks only, I hereby authorize Corpus Christi Independent School District (District) and the depository named above to initiate direct deposit (credit) entries and correction (debit) entries to the depository account(s) listed above. This authority is to remain in effect until the District has received written notification from me of its termination in such time and in such manner as to afford the District and the depository a reasonable opportunity to act on the termination notice.

I agree to indemnify the District from any claims incident to the direct deposit of my payroll check including, without limitation, any claim based on alleged loss as a result of non-posting of any credit, and any claim which may be made by any person as a result of the rejection of any of my checks because of insufficient funds arising from the failure of my financial institution to post the credit on my account, except any claims, liabilities, or expense arising out of any failure on the part of the District to exercise reasonable care. I agree that this obligation may be funded out of sums that may be due to me by the District. That is, any loss suffered by the District which I am obligated to pay under the terms of this indemnity may be withheld from my paycheck next payable after the date that the amount of such obligation has been determined by the Comptroller of the District.

EMPLOYEE'S SIGNATURE: _____ DATE _____

This form must be returned to Payroll in the Office of Finance, with a voided check from your checking account and/or a savings account deposit slip for a savings account deduction. If you do not have either of these documents, you must attach written verification from your bank confirming your account number and bank routing number (ABA).

** You can contact Jennifer Grove at Frost Bank 844-1110 and inquire about the "Frost at Work" account. Please let him know you are a CCISD employee.*



**CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
DIRECT DEPOSIT INFORMATION**

1. All employees are eligible for this service.
2. Your authorization for direct deposit will remain in effect until it is cancelled. (See step 9.)
3. To establish direct deposit of your payroll check, you must complete and sign the Authorization Agreement for Direct Deposit Form and turn it in to Payroll in the Office of Finance.
4. You must attach a voided check from your checking account and/or a savings account deposit slip for a savings account deduction to the Authorization Agreement for Direct Deposit Form. If you do not have either of these types of documents, you must attach written verification from your bank confirming your account number and bank routing number (ABA) where you want your payroll check deposited.
5. Your voucher (direct deposit advice), is available via a secure site on the internet. To access, go to <http://portal.ccisd.us>. Log in by typing CCISD and your username (CCISD/username) and password.
6. The exact time of credit to your individual account is determined by your financial institution.
7. If you need to change or cancel your direct deposit information, you will need to complete a new Authorization Agreement for Direct Deposit Form and mark the appropriate box in the "Transaction Type" section.
8. This form is available in Payroll in the Office of Finance, or is available on the eChalk website under the Resources area of the Finance web page.

**PLEASE USE YOUR PERSONAL CHECK
TO LOCATE THE INFORMATION NEEDED
TO COMPLETE THE DIRECT DEPOSIT AUTHORIZATION FORM**

Account Name (circled)

Mr. and Mrs. Good Man #78
1001 Main Street Phone #
Anywhere, TX 78400

7843

19 _____ 04-12/148

PAY TO THE ORDER OF VOID \$ DOLLARS

Depository Name (circled)

BANK NAME
Address...ZIP

For

Depository ABA Number (circled)

Your Account Number (circled)

⑆11300022⑆ 784⑆ ⑆111819291⑆