



Beaumont Independent School District

Pay Card Application

Employee ID#	Paycheck Effective Date:
Employee First Name:	Employee Last Name:
Address:	City/State:
ZIP Code:	Phone:
Date of Birth:	Social Security Number:

I authorize BEAUMONT INDEPENDENT SCHOOL DISTRICT to assign a rapid! Pay Card and initiate credit entries and any correcting entries to my assigned rapid! Pay Card account. The direct deposit(s) will be made on each payday unless I notify BEAUMONT INDEPENDENT SCHOOL DISTRICT and request to cancel.

In the event funds are deposited erroneously into my account, I authorize BEAUMONT INDEPENDENT SCHOOL DISTRICT to debit my account not to exceed the original amount of the credit.

I understand that BEAUMONT INDEPENDENT SCHOOL DISTRICT reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the Automated Clearing House (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

Changes between direct deposit and pay card must be submitted 2 weeks prior to payday. NO EXCEPTIONS.

Employee Signature: _____ Date: _____

DISCONTINUE CURRECNT DIRECT DEPOSIT: YES N/A

Office Use Only:

Entered by: _____ Date: _____

Verified by: _____ Date: _____