



Unemployment Compensation
Electronic Funds Transfer Payment Form

County District Number: _____ Entity Phone Number: _____

Entity Name: _____ Entity Fax Number: _____

Entity Address: _____

District Program Contact: _____

Program: Unemployment Compensation

Reason: [] New EFT set-up [] Renewal EFT set-up [] Bank change

Please complete for EFT payment:

Local Depository

Bank Name: _____ City: _____

Bank Phone Number: _____ Bank Fax Number: _____

Bank ABA Number (9 digits): _____

Bank Account Number: _____

Corresponding Bank (if applicable):

Bank Name: _____

Bank ABA Number (9 digits): _____

Bank Account Number: _____

Authority is hereby given to the Texas Association of School Boards, Inc. (TASB) to initiate debit entries on the account selected above for any and all payments the Entity authorizes TASB to debit through electronic funds transfer.

The person executing this Agreement on behalf of Entity represents that he or she has the authority to authorize the debiting of the above account on behalf of Entity and that all necessary administrative procedures, policies, and laws prerequisite have been complied with. This authority shall remain in full force and effect until the TASB, or its successor, receives written notification of a change.

Name of Authorized Representative (printed)

Phone Number

Signature of Authorized Representative

Fax Number

Date