

Bexar County ESD 4 Fire Rescue
26217 Ralph Fair Rd.
Boerne, TX 78015
210-698-1593



Authorization Agreement for Direct Deposit

Authorization Agreement

I _____ Authorize Bexar County ESD 4 Fire Rescue to initiate Automatic Deposits to my account at the financial institution named below. I also authorize the Bexar County ESD 4 Fire Rescue to withdraw from this account if a credit is made in error.

Further, I agree that Bexar County ESD 4 Fire Rescue is responsible for any delay or incorrect loss of funds due to incomplete information supplied by me or by my financial institution due to an error on the part of in depositing funds to my account.

This Agreement will remain in effect until Bexar County ESD 4 Fire Rescue receives a written cancelation notice from me or my financial institution or until I submit a new direct deposit form to the payroll department.

Station #132
26217 Ralph Fair Rd, Boerne, TX
78015

Station #134
28036 Boerne Stage Rd, Boerne, TX
78006

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Account information

Financial Institution: _____

Address of Financial institution: _____

Account Number _____

Routing number _____

Checking _____

Savings _____

Name of the Account Holder: _____

Signature of account holder: _____

Date: _____

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