

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

DEVINE INDEPENDENT SCHOOL DISTRICT

605 W HONDO AVE.

DEVINE, TEXAS 78016

NEW REQUEST

ADD ADDITIONAL ACCOUNT

CHANGE INFORMATION

CANCEL INFORMATION

Devine ISD employees may have their check direct deposited to the bank of their choice. **A VOIDED CHECK MUST ACCOMPANY THIS FORM OR IT WILL NOT BE PROCESSED.**

I, (print name) _____, hereby authorize Devine ISD to automatically deposit my payroll check directly into my bank account(s) or to change account information previously provided.

DIRECT DEPOSIT INFORMATION REQUIRED

NAME OF BANK: _____

BANK ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

BRANCH: _____

CITY: _____ **STATE:** _____

ACCOUNT TYPE: (CHECKING/SAVINGS) _____

AMOUNT: (FULL/PARTIAL) _____

EMPLOYEE'S SIGNATURE: _____

DATE: _____

This direct deposit is to remain in full effect until cancelled in writing.

Please forward the completed form to the payroll department for processing.

PAYROLL DEPARTMENT
(830) 851-0706