

Denison ISD Payroll Direct Deposit Authorization

In accordance with Board Policy CFE (LOCAL) which states:
"Employees shall receive their pay by direct deposit"

NAME: _____

EMPLOYEE NUMBER: _____

ADDRESS: _____

PHONE: _____

I (we) authorization Denison ISD to initiate entries to my checking / savings account at the financial institution below, and if necessary, initiate any adjustments for any transactions credited in error. This authority will remain in effect until Denison ISD Payroll is notified by me (us) in writing to cancel it in such time as to afford Denison ISD and Financial Institution as reasonable time to act on it.

NAME OF FINANCIAL INSTITUTION: _____

ADDRESS: _____

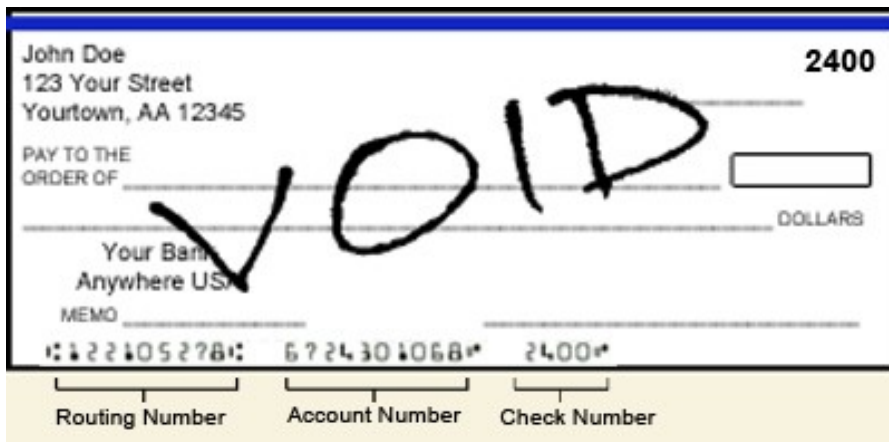
FINANCIAL INSTITUTION ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

Savings Account

Checking Account

ATTACH A VOIDED CHECK OR EFT AUTHORIZATION FORM FROM YOUR FINANCIAL INSTITUTION



Employee Signature

Date