

LEWISVILLE INDEPENDENT SCHOOL DISTRICT

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

1565A W Main Street – Lewisville, Texas 75067
 Phone: (972) 350-4736 Fax: (214) 626-1612

Employee Information

Name <i>(Last)</i>		<i>(First)</i>	<i>(Middle)</i>	Employee #
Social Security # <i>(last 4 digits)</i>	Campus/Department		Contact Telephone #	
Job Description / Full Time / Part Time / Substitute				

I hereby authorize Lewisville Independent School District to electronically deposit my payroll check into the bank account specified below. If the Payroll Department is notified that my bank cannot deposit my funds, a paper check will be issued—but only after the funds are returned by the bank. I understand I will then need to provide new bank information to the Payroll Department.

I understand that the direct deposit is due at my bank based upon the district’s pay dates and that the district has no control over when the bank posts the funds to my account. I agree not to hold the district responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution. I am aware that it is my responsibility to notify the Payroll Department of account changes as soon as I am made aware. Failure to notify payroll of account changes by the cutoff may result in a delay my funds. This authorization shall remain in full force and effect until the district has received written notification from me of its termination. Notifications must be in writing and submitted to the Payroll Department in such time and manner as to afford the district a reasonable opportunity to act on it. I also understand that I am responsible for all bank service fees that result before the direct deposit is posted.

In the event that the district erroneously deposits funds into my account, I authorize the district to initiate the necessary withdrawal from my account, not to exceed the total of the original amount credited.

SIGNATURE

DATE

Attach a voided check OR written verification from your bank:

Name of Primary Financial Institution:		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Primary Financial Institution Routing #:	Account #	BALANCE OF CHECK
Name of Financial Institution for Additional Account #1:		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Financial Institution Routing #:	Account #	\$ _____ <i>(indicate dollar amount if not full check)</i>
Name of Financial Institution for Additional Account #2:		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Financial Institution Routing #:	Account #	\$ _____ <i>(indicate dollar amount if not full check)</i>