

LEWISVILLE INDEPENDENT SCHOOL DISTRICT

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

P.O. Box 217 * 1565 W. Main Street * Lewisville, Texas 75067

Phone: (972) 350-4736

Fax: (214) 626-1612

Employee Information:

Name (Last)			(First)			(Middle)		
Social Security # (last 4 digits only)				Employee #				
Campus/Department				Contact Telephone #				
Job Description / Full Time / Part Time / Substitute / What work you do for LISD								

*I authorize LISD to credit my account with the depository names on this form. If LISD erroneously deposits funds into my account, I authorize LISD to initiate the necessary debit entries not to exceed the total of the original amount credited for the current pay period. This authorization will remain in effect until LISD has received written notification from me that it is to be terminated in such time and manner from LISD to act on it

*I understand if my check is sent to the wrong bank or account because incorrect information was submitted by me or if my account is closed or has changed and I fail to notify LISD in time to act on this information, it may take several days to make any corrections. This form replaces all other Direct Deposit forms I may have filled out previously for LISD.

SIGNATURE

DATE

Attach a voided check OR a written verification from your bank:

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