

# TORNILLO ISD

## PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM



I authorize Tornillo ISD and the financial institution named below to automatically deposit my net pay to my account (this includes my authorization to reverse any entries made in error). This authority will remain in effect until I give written notice to my payroll department.

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Account Type:

Checking Account No. \_\_\_\_\_ Amount: \_\_\_\_\_

Savings Account No. \_\_\_\_\_ Amount: \_\_\_\_\_

Financial Institution's Name: \_\_\_\_\_

Location/Branch: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach a voided check, savings deposit slip (below) or provide the financial institution's routing number:

\_\_\_\_\_ (found between these ■ ■ on the bottom left of your check or saving deposit slip).

ATTACH VOIDED CHECK OR SAVING DEPOSIT SLIP HERE

***Only one change per calendar year is applied for Direct Deposit***