

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

**DEVINE INDEPENDENT SCHOOL DISTRICT
205 WEST COLLEGE AVE.
DEVINE, TEXAS 78016**

NEW REQUEST

OR

CHANGE/CANCEL OF 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 or to change account information previously provided.

DIRECT DEPOSIT INFORMATION REQUIRED

Name of Bank: _____

Bank Routing Number: _____

Account Number: _____

Branch: _____

City: _____ **State:** _____

Type: (checking/savings) _____

Employee's Signature: _____ **Date:** _____

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

Please forward the completed form to the Payroll Department for processing.

**Payroll Department
(830) 851-0706**