

**Galveston ISD
Direct Deposit Enrollment Form**

I hereby authorize Galveston ISD, to initiate credit entries to my Checking **OR** Savings account indicated below and the depository (bank) named below, to credit the same to such account.

PLEASE CHECK ONLY ONE:

DEPOSITORY (BANK) NAME: _____ CHECKING (22) _____ SAVINGS (32)

ACH/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until Galveston ISD has received written notification from me of its termination in such time and in such manner as to afford Galveston ISD a reasonable opportunity to act on such request.
I grant Galveston ISD the right to debit from future checks any amount, which is overpaid in error, or amounts owed to the district.

NAME _____ SS NUMBER _____
DATE _____ SIGNATURE _____

EMPLOYEE MUST ALSO ATTACH A VOIDED CHECK & DEPOSIT SLIP, IS A SAVINGS ACCOUNT, PLEASE ATTACH A LETTER FROM YOUR BANK.