

# CRANDALL ISD DIRECT DEPOSIT AUTHORIZATION FORM

Name (Last, First, MI) \_\_\_\_\_ Campus \_\_\_\_\_

<b>Select One:</b>	<input type="checkbox"/> Begin Direct Deposit
	<input type="checkbox"/> Change Bank/Account #
	<input type="checkbox"/> Cancel Direct Deposit

\_\_\_\_\_  
Name of Financial Institution Address/Financial Institution – Branch, City, State & Zip

Checking/Saving Account Number \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_

*Look between these symbols : : on the bottom left of your check*

I (we) hereby authorize Crandall ISD (THE COMPANY) to initiate entries to my checking/savings account at the financial institution listed below (THE FINANCIAL INSTITUTION) and if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\* A COPY OF A VOIDED CHECK  
OR YOUR BANK'S COMPLETED DIRECT DEPOSIT FORM  
MUST BE ATTACHED FOR VERIFICATION \*\*\*\*