

MESQUITE ISD DIRECT DEPOSIT AUTHORIZATION

- If the employee makes any changes to their account or banking institutions, please provide written notice to the payroll dept. immediately.

WE MUST HAVE THE ORIGINAL FORMS, PLEASE SEND THROUGH INTER SCHOOL MAIL. WE CANNOT ACCEPT THROUGH E-MAIL.

1. Personal Information

Employee Name: _____

MISD Employee ID#: _____

2. Bank & Account Information

Please check one in each box:

<input type="checkbox"/> CHECKING	<input type="checkbox"/> Begin Direct Deposit
<input type="checkbox"/> SAVINGS	<input type="checkbox"/> Change Bank/Account #
	<input type="checkbox"/> Cancel Direct Deposit

Bank Routing # _____

Employee's Account # _____

Please attach a Voided check Here

Or

Attach a letter from the Bank with their Routing # & Your Bank Account #

3. Authorization

I have read the above information and wish to participate in Direct Deposit. I hereby authorize Mesquite ISD to initiate entries to my checking/savings account at the financial institution listed above and it necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until Mesquite ISD is notified in writing to cancel it in such time as to afford MISD and the Financial Institution a reasonable opportunity to act on it.

Signature: _____

Date: _____