

Lone Oak ISD - Direct Deposit Authorization Form

Authorization Agreement

I hereby authorize Lone Oak ISD to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold Lone Oak ISD responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Lone Oak ISD receives written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Personal Information

Employee Name: _____

Campus: _____

Bank Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Employee Signature: _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.

Please submit any changes to your bank account no less than five days prior to payday to allow the Payroll Department time to make any changes effective.