



EMPLOYEE NAME:	CAMPUS:
EMPLOYEE'S ID #:	
I hereby authorize Lake Travis ISD to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account or accounts indicated below, and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.	

PRIMARY ACCOUNT **NEW REQUEST** **CHANGE REQUEST** **DELETE**

BANK NAME:	CHECK ONE: CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/>
TRANSIT/ABA NO. (9 DIGITS):	ACCOUNT NO:

SECONDARY ACCOUNT **NEW REQUEST** **CHANGE REQUEST** **DELETE**

BANK NAME:	CHECK ONE: CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/>
TRANSIT/ABA NUMBER (9 DIGITS):	Account NUMBER:
PERCENTAGE OF NET % _____ OR AMOUNT \$ _____	

This authority is to remain in full force for the effect until Lake Travis ISD has received written notification from me of its termination in such time and in such manner as to afford Lake Travis ISD and DEPOSITORY a reasonable opportunity to act on it.
I understand and agree that the payroll deposit to my account will be on the scheduled pay date for the school district and not on my last scheduled workday, should these dates coincide.

NAME (AS PRINTED ON YOUR CHECK):

SIGNATURE:	DATE:
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ATTACH VOIDED CHECK(S) OR SUBMIT DIRECT DEPOSIT FORM(S)