

**DONNA INDEPENDENT SCHOOL DISTRICT
PAYROLL DEPARTMENT
116 North 10th Street
Donna, Texas 78537
(956) 464-1620**

Date: _____

____ Monthly-Professional
____ Bi-weekly-Paraprofessional

Name (print)

Employee I.D. #

Campus/Dept.

STOP DIRECT DEPOSIT

Reason(s) for cancellation

____ Closed Account
____ Changed Banks

AUTHORIZATION FOR DIRECT DEPOSIT

PRE-ENCODED BANK DEPOSIT SLIP REQUIRED

____ Checking Account

____ Savings Account

Financial Institution

Branch -City

Routing Number

Account Number

I authorize Donna Independent School District and the financial institution to initiate/stop electronic deposit as listed above.

Signature

NOTE:

IF YOU SEPARATE FROM THE DISTRICT, DIRECT DEPOSIT WILL DISCONTINUE AND YOU WILL NEED TO PICK UP YOUR LAST CHECK AT THE PAYROLL DEPARTMENT OR MAKE NECESSARY ARRANGEMENTS.