



DUNCANVILLE
Independent School District

Direct Deposit Authorization

<input type="checkbox"/>	New Primary Account
<input type="checkbox"/>	Change Primary Account
<input type="checkbox"/>	Delete Primary Account
<input type="checkbox"/>	Returning use Account on file

<input type="checkbox"/>	New Secondary Account
<input type="checkbox"/>	Change Secondary Account
<input type="checkbox"/>	Delete Secondary Account
<input type="checkbox"/>	Switch both Accounts on file

By signing below, I hereby authorize Duncanville ISD to initiate credit and/or debit entries to my checking or savings bank account(s) as indicated in the DISD Employee Handbook.

BANK ACCOUNT - PRIMARY

Bank Name: _____ PRIMARY NET AMOUNT

Checking or Savings
(Please circle one)

BANK ACCOUNT - SECONDARY (OPTIONAL)

Bank Name: _____ Amount or Percent _____
(Please circle one)

Checking or Savings
(Please circle one)

**VOID CHECK or BANK AUTHORIZATION FORM ATTACHED FOR EACH
ACCOUNT LISTED**

Handwritten routing or account numbers will not be accepted.

This direct deposit information is to remain active on my profile until DISD has received written notification from me of termination. Written notification must be date stamped received within the payroll department ten working days prior to any payday. In the event my funds are not deposited to the above account(s) and are returned by my bank to DISD's bank account, replacement funds will not be issued until funds have been credited and verified by the payroll department. I acknowledge this process can take several days to complete.

Print Name: _____ SSN/Emp ID#: _____

Employee Signature: _____ Date: _____