



DIRECT DEPOSIT AUTHORIZATION FORM

Instructions

Please print legibly and complete all applicable information below. Direct deposit requests must be received in the payroll office by the 7th of the month to be effective for the current month's payroll. Forms must be dropped off in person or sent via interoffice mail to Payroll Dept. **DO NOT E-MAIL FORM.**

Primary Account

Account Type (*select one*): Checking Savings

Name of Financial Institution: _____

Financial Institution Address: _____

Routing Number (*9 digits*): _____

Account Number: _____

If you are submitting this form past the deadline (7th of the month) and you have an existing account on file, please indicate how to receive this month's payroll (*select one*):

Deposit to existing account on file Issue a paper check

Secondary Account (optional):

Account Type (*select one*): Checking Savings

Name of Financial Institution: _____

Financial Institution Address: _____

Routing Number (*9 digits*): _____

Account Number: _____

Amount / Percentage to be deposited to this Account: _____

I hereby authorize Kerrville ISD to directly deposit my net pay, as well as adjust and debit entries as appropriate, to the bank account(s) as specified below. This authorization is to remain in effect until the district has received written authorization from me of its cancellation or change.

Employee Printed Name

Employee Signature

Date