

# MESQUITE ISD DIRECT DEPOSIT AUTHORIZATION

If the employee makes any changes to their account or banking institutions, please provide written notice to the payroll department immediately.

**IMPORTANT:** WE MUST HAVE THE ORIGINAL FORMS, please complete the document, print and sign then submit through inter-district mail to MISD Payroll.

**We can not accept emails or scans of this document.**



## 1. Personal Information

Employee Name: \_\_\_\_\_ MISD Employee ID#: \_\_\_\_\_

## 2. Bank & Account Information

Please check one in each column:

Type of account:

CHECKING

SAVINGS

Type of request:

Begin Direct Deposit

Change Bank/Account #

Cancel Direct Deposit

Bank Routing # \_\_\_\_\_

Bank Account # \_\_\_\_\_

**Please attach a Voided check Here**

**Or**

**Attach a letter from the Bank which includes the  
Routing # and Your Bank Account #**

## 3. Authorization

I have read the above information and wish to participate in Direct Deposit. I hereby authorize Mesquite ISD to initiate entries to my checking/savings account at the financial institution listed above and it necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until Mesquite ISD is notified in writing to cancel it in such time as to afford MISD and the Financial Institution a reasonable opportunity to act on it.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_