

**UGISD PAYROLL DIRECT DEPOSIT ENROLLMENT FORM**

*I hereby authorize Union Grove ISD Business Office to deposit my payroll check, on a monthly basis, to the financial institution listed below.*

**I have attached a VOIDED check for information use only,**

\_\_\_\_\_ located in \_\_\_\_\_  
**Bank Name** **City**

Type of Account: \_\_\_\_\_ Checking or \_\_\_\_\_ Savings

**EMPLOYEE/SUBSTITUTE SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PLEASE PROVIDE AN E-MAIL FOR YOUR ELECTRONIC CHECK STUB:**  
\_\_\_\_\_

**\*\*Monthly Payroll checks will no longer be an option; you must use DIRECT DEPOSIT**