

**WOODSBORO INDEPENDENT SCHOOL DISTRICT
DIRECT DEPOSIT FORM**



Employee's Name _____
First Middle Last

Campus or Dept. _____ SSN _____

CHECK THE BOX THAT APPLIES:

CHECKING

OR

SAVINGS

AUTHORIZATION:

I hereby request the Woodsboro ISD Payroll Office to deposit my payroll check each pay period into the following Bank _____

Account # _____ Routing # _____

CHANGE OF BANKING INFORMATION:

I hereby request the Woodsboro ISD Payroll Office to change my payroll check depository

From (Bank) _____

To (Bank) _____

Account # _____ Routing # _____

CANCELLATION:

Please cancel any prior authorization to send payroll check direct deposit to my bank as of _____

***For the above instruction to be implemented, the Payroll Office must receive this form by the 5th day of the month. Your request for direct deposit will remain in effect until cancelled.**

***A voided check or bank issued direct deposit form must be attached to this form.**

I hereby authorize the Woodsboro Independent School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments (only to credit entries in error) to my account(s) indicated above.

Signature

Date

Attach voided check(s) here