

# SANTO ISD DIRECT DEPOSIT ENROLLMENT FORM

Employee Name (please print): \_\_\_\_\_

Any checks due to you will be electronically direct deposited into the bank account that you designate on this form. When signing up for this method of receiving money, please ensure you notify us immediately of any change in your designated bank account. Provide the following information for the bank account to which you would like your pay deposited and attach a voided blank check in the space provided below.

Name of Bank \_\_\_\_\_ Phone # \_\_\_\_\_

Bank Address \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_  
(Found at the bottom of your checks)

Checking \_\_\_\_\_ Savings \_\_\_\_\_ (Check one)

I have signatory authorization on the above account and hereby authorize Santo ISD to initiate electronic entries to credit my account as I indicate above. I acknowledge responsibility for providing complete and accurate information on the authorization which is to remain in effect until I provide written notice of cancellation. SISD reserves the right to reverse an incorrect posting; however, I fully understand that SISD must notify me on or before the settlement date and explain the reason for the reversal. I further understand that if changes occur in my account, i.e., switching deposit from checking to savings; closing account, changing banks, etc... it is my responsibility to contact the SISD Business Office immediately.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Effective Date)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(End Date)

**PLEASE PLACE YOUR VOIDED CHECK IN THIS SPACE**

(For verifying routing and account numbers)