

La Vega Independent School District
400 E. Loop 340
Waco, Texas 76705
254-299-6700

Direct Deposit Agreement Form

I hereby authorize La Vega ISD to initiate automatic deposits to my account at the financial institution named below. Further, I agree not to hold La Vega ISD responsible for any delay or loss of funds due to incorrect incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution depositing funds to my account. This agreement will remain in effect until La Vega ISD receives written notice of cancellation from me or my financial institution, or until I submit a new deposit form to the Payroll Department.

Name of Financial Institution

Institution: _____

Routing Number: _____

Account Number: _____ ☐ Checking ☐ Savings

Signature

Authorized Signature: _____ Date: _____

Printed Name: _____ Date: _____

EIN (EMPLOYEE ID #) _____

We will need a void check, or some other documentation from your banking institution, verifying your account information. **If a void check is not possible another form of documentation from the banking institution will be sufficient. Money Cards will not be accepted.** This form should be returned to the Payroll Department at least seven (7) working days prior to pay day.

Please use the space below to indicate any changes you wish to make. EX: Increase/decrease the amount, discontinue, etc.



