Wichita Falls Independent School District
DIRECT DEPOSIT AUTHORIZATION

_____ _____

Employee's Full Name (As printed on SS Card) Social Security Number

Primary Bank Deposit

Secondary Bank Deposit (Deduction)

Amount: $_____

_____ _____

Financial Institution Name Financial Institution Name

_____ _____

Routing Number Routing Number

_____ _____

Account Number Account Number

Account Type: Check One
Checking Account: _____
Savings Account: _____

Account Type: Check One
Checking Account: _____
Savings Account: _____

_____

Employee Signature E-Mail_____

_____

Date Signed

NOTE: You will also need to provide from your Financial Institution(s) a form with the Routing Number and Account Number or a Voided Check