



RED OAK

INDEPENDENT SCHOOL DISTRICT

109 W. RED OAK ROAD P.O. BOX 9000 RED OAK, TEXAS 75154 972.617.2941
BRENDA SANFORD, SUPERINTENDENT

SUBSTITUTE **AUTHORIZATION/AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL**

NAME _____

CAMPUS SUBSTITUTE

I hereby authorize ROISD to initiate electronic credit entries, and to initiate, if necessary, debit entries and adjustments for any credit entry in error to my account listed below and the financial institution named below. This authority is to remain in full force and effect until my employer has received written notification from me of its termination. I further understand that I am employed as a substitute on an as needed basis with no guaranteed monthly hours/wages.

NAME OF BANK _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

CHECKING OR SAVINGS

SIGNATURE _____

LAST 4 of SSN _____

DATE _____

Please include a screen shot or
scanned copy of a voided check.

Once enrolled you will be mailed a non-negotiable pay stub each month you work.

Please return completed form to the Payroll Department. If you have any questions please contact the Payroll Department at (972) 617-2941 or you can email them:

kathy.bridges@redoakisd.org or jennifer.holdt@redoakisd.org.