



Donna

Independent School District

Payroll Department * 116 N. 10th Street Donna, TX 78537-2799 * (956) 464-1620

Date: _____

____ Monthly-Professional

____ Bi-Weekly Paraprofessional

____ Name (print)

____ Employee I.D. #

____ Campus/Dept.

Note: Please bring a direct deposit form/voided check from your bank when you drop off form to Payroll Department.

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Stop/Cancel Direct Deposit

Reason(s) for Cancellation

____ Closed Account

____ Changed Banks

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Authorization for Direct Deposit

****Pre-Encoded Bank Deposit Slip Required****

____ Checking Account ____ Savings Account ____ Primary Account ____ Secondary Account (\$)

____ Financial Institution

____ Branch City

____ Routing Number

____ Account Number

I authorize Donna Independent School District and the financial institution to initiate/stop electronic deposit as listed above.

____ Signature

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Note:

If you separate from the District, Direct Deposit will discontinue. Your last check will be mailed out to your address on file. If address on file is different, make necessary arrangements to change address at the Human Resources Department or to pick up last check at Payroll Department.

Revised August 20, 2024 R.A.