



CAMPBELL ISD

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Principal: Randall Wellman
Superintendent: Dr. Denise Morgan

SY 2024-2025

DIRECT DEPOSIT AUTHORIZATHION FORM

NAME: _____

ADDRESS: _____

Please send my Automatic Deposit to:

Checking Account # _____ or/ Saving # _____

Routing # _____ Bank Name: _____

Deposit Instructions (Check One)

Deposit Entire Amount into Checking

Deposit \$ _____ into Saving and remainder into Checking Account

I authorize the above deposit to be made to my bank account until I send written notice of change or cancellation

Signature: _____ Date: _____