



# CISD DIRECT DEPOSIT AUTHORIZATION FORM

Submit this form and attach either a bank authorization, voided check, or bank app screenshot (routing & account #) for each account to the Payroll Office 10 days before payday, or direct deposit starts the next month.

\_\_\_\_\_  
FULL NAME (PRINT)

\_\_\_\_\_  
LAST 4 ACCOUNT # PRIMARY ACCOUNT

\_\_\_\_\_  
CAMPUS NAME

\_\_\_\_\_  
LAST 4 ACCOUNT # FOR ADDITIONAL ACCOUNT

\_\_\_\_\_  
LAST 4 OF SSN#

\_\_\_\_\_  
DOLLAR AMOUNT FOR ADDITIONAL ACCOUNT

I hereby authorize Corsicana Independent School District to transfer my monthly payroll check to: \_\_\_\_\_

NAME OF BANK (S)

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

**PAYROLL OFFICE USE ONLY:**

Date Entered: \_\_\_\_\_ Entered By: \_\_\_\_\_