

ANDREWS INDEPENDENT SCHOOL DISTRICT
405 Northwest Third Street
Andrews, Texas 79714
(432) 523-3640

DIRECT DEPOSIT AUTHORIZATION FORM

Please complete and return to the AISD Payroll Department.

EMPLOYEE'S AUTHORIZATION:

I authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

☐ Checking Account

☐ Savings Account

This authority will remain in effect until I have cancelled it in writing. If changes need to be made they must be done at least two weeks before your next scheduled pay date.

Date: _____

FINANCIAL INSTITUTION

NAME (please print)

CITY

SIGNATURE

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER INFORMATION

YOU MUST ATTACH A VOIDED CHECK OR A FORM FROM YOUR BANK SHOWING VALID ACCOUNT AND ROUTING NUMBERS FOR THE ACCOUNT TO WHICH YOUR FUNDS WILL BE CREDITED.

DIRECT DEPOSIT AUTHORIZATION FORM MUST BE TURNED IN TO THE PAYROLL OFFICE BY THE EMPLOYEE. DO NOT SEND IN THE INTERSCHOOL MAIL.