

LEANDER ISD DIRECT DEPOSIT AUTHORIZATION FORM

Name _____
(Last, First, Middle Initial)

Employee ID # _____
(or Social Security #)

Campus/Dept _____

Job Title _____

- Select One:
- Begin Direct Deposit
 - Change Bank/Account Number
 - Add or Delete Secondary Account
 - Change Secondary Account \$ Amount
 - Cancel Direct Deposit
- (New account information must be submitted.)

All information must be correct and complete.
Please contact your financial institution(s) to verify all information, particularly the ACH Transit Routing Number, which is not always the transit number on your check.

PRIMARY ACCOUNT INFORMATION:

Name of Financial Institution

ACH Transit Routing Number (9 digits)

Account Number

_____ Checking OR _____ Savings

Please complete the following box if you want pay deposited into **more than one** account:

OPTIONAL Secondary Account Information:

Name of Financial Institution

ACH Transit Routing Number (9 digits)

Account Number

Designate amount of pay to be deposited into this second bank account each pay period:

\$ _____

Note: The balance of Net Pay will be deposited into your Primary Account.

_____ Checking OR _____ Savings

The district WILL NOT issue any paychecks; once direct deposit has been transmitted, your bank is responsible for the availability of your funds. If you have closed your account, the bank will refund the money to the district; however, the district must wait for receipt of these funds before they can be reissued to you or redeposited to your new account.

****ONE TYPE OF PRINTED BACKUP MUST ACCOMPANY THIS FORM.****

The best options are:

- *VOIDED CHECK
- *YOUR BANK'S COMPLETED DIRECT DEPOSIT FORM
- *LETTER FROM YOUR BANK WITH ACCOUNT AND ROUTING NUMBERS CLEARLY TYPED
- *DEPOSIT SLIP (as long as routing number does not begin with a 5)

(Do **not** use your debit card as the numbers are different.)

I authorize Leander Independent School District to initiate credit entries, or debit corrections, to my account(s) as listed above. I understand that it is MY RESPONSIBILITY for obtaining funds from the bank(s) once they have been transmitted. This authorization will remain in effect until Leander ISD Finance Office has received written notice of termination from me.

Signature _____

Date _____ / _____ / _____