

PLEASE ATTACH A VOIDED CHECK

**BROWNFIELD INDEPENDENT SCHOOL DISTRICT DIRECT DEPOSIT ENROLLMENT FORM
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

Employee Name: _____

Provide the following information for the bank account which you would like us to deposit your pay:

CHECKING

SAVINGS

Bank Name: _____

Bank Account Number: _____

I hereby authorize Brownfield ISD to deposit my pay to the bank account named above.

This authority is to remain in full force and effect until Brownfield ISD has received written notification from me of its termination 20 days prior to the transfer.

Employee Name: _____

Date: _____ Employee Signature: _____

Date: _____ Payroll Signature: _____
