

LINDSAY INDEPENDENT SCHOOL DISTRICT

495 6th Street
P. O. Box 145
Lindsay, TX 76250
Fax:940.668.2662

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

PLEASE TYPE OR PRINT ONLY

LAST NAME _____ FIRST NAME _____

SOCIAL SECURITY # _____ EMPLOYEE NUMBER _____

I hereby authorize LINDSAY INDEPENDENT SCHOOL DISTRICT to directly deposit my payroll check into my checking or savings account as indicated below. If my bank cannot accommodate the direct deposit service, the Payroll Department will notify me and my paycheck will be issued as it would without direct deposit.

I understand that the direct deposit is due at my bank based on LINDSAY Independent School District's pay date. I also understand that I am responsible for any and all bank service fees that result from paying out of my account before the direct deposit was posted.

Signature _____ Date _____

Please indicate the type of account that you would like to direct deposit your payroll check into. If you want to split your deposit please indicate so.

_____ Checking _____ Savings

NOTE: A NEW DIRECT DEPOSIT OR A CHANGE IN DIRECT DEPOSIT MAY TAKE UP TO TWO PAYROLLS BEFORE IT WILL BE IN EFFECT. ANY CHANGE IN DIRECT DEPOSIT, SUCH AS A NEW ACCOUNT, OLD INFORMATION WILL BECOME INACTIVE.

Attach a voided check to this form if selecting your paycheck to be directly deposited into your checking account or attach a savings account deposit slip if selecting a savings account. Return to Brenda Fuhrmann.