

LINDSAY INDEPENDENT SCHOOL DISTRICT

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

DIRECT DEPOSIT CANCELLATION FORM

TYPE OR PRINT ONLY

LAST NAME _____ FIRST NAME _____

SOCIAL SECURITY NUMBER _____

EMPLOYEE NUMBER _____

I hereby authorize LINDSAY Independent School District to cancel my direct deposit. I understand that I will receive a check at my campus/location or at my home.

SIGNATURE _____ DATE _____

RETURN TO BRENDA FUHRMANN

Effective Date: August 23, 2011