CROCKETT INDEPENDENT SCHOOL DISTRICT

DIRECT DEPOSIT REQUEST

Circle One:
NEW CHANGE SOCIAL SECURITY NUMBER_____

NAME_____

ADDRESS_____

TO: Gail Hanson
Payroll Department _____
E-mail address

THIS WILL BE YOUR AUTHORIZATION UNTIL FURTHER NOTICE TO DIRECTLY DEPOSIT MY PAYROLL CHECK TO:

Name of Banking Institution_____

Address_____

Telephone_____ Contact Person_____

Bank Routing Number_____ Checking Savings Loan

Account Number_____ Amount to be deposited $_____

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

SECOND ACCOUNT

Name of Banking Institution_____

Address_____

Telephone_____ Contact Person_____

Bank Routing Number_____ Checking Savings Loan

Account Number_____ Amount to be deposited $_____

PLEASE ATTACH A BLANK VOIDED CHECK!!!!!!!!!!!!!

If a voided check is not available on the account, a voided deposit slip can be substituted

☐ **CANCEL MY DIRECT DEPOSIT .**

_____ _____
Sign Date

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Crockett, Texas 75835
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Fax: 936-544-5856
Email: gail.hanson@crockettisd.net