

# DENISON INDEPENDENT SCHOOL DISTRICT PAYROLL DIRECT DEPOSIT

In accordance with Board Policy CFE (LOCAL) which states:  
"Employees shall receive their pay by direct deposit."

(Please Print)

EMPLOYEE NAME: \_\_\_\_\_

PAYROLL NUMBER: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

NEW DIRECT DEPOSIT

CANCEL DIRECT DEPOSIT

I (we) hereby authorize \_Denison ISD\_ to initiate entries to my checking/savings account at the financial institution below and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until **Payroll** is notified by me (us) in writing to cancel it in such time as to afford \_Denison ISD\_ and the Financial Institution a reasonable opportunity to act on it.

Name of Financial Intuition: \_\_\_\_\_

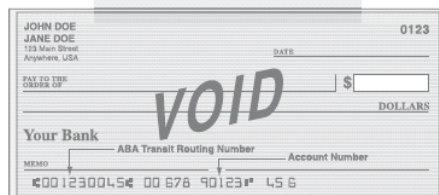
Address of Financial Institution: \_\_\_\_\_

Checking/Savings Account #: \_\_\_\_\_

Financial Institution Routing #: \_\_\_\_\_

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For a checking account, attach a VOIDED check; savings, attach a withdraw slip



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Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_