

ANDREWS INDEPENDENT SCHOOL DISTRICT
405 Northwest Third Street
Andrews, Texas 79714
(432) 523-3640

DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE'S AUTHORIZATION: Please complete and return to the AISD Payroll Department.

I authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account

Savings Account

each payday. This authority will remain in effect until I have cancelled it in writing.

Date: _____

FINANCIAL INSTITUTION

NAME

BRANCH (if applicable)

YOUR ACCOUNT NUMBER

CITY

SIGNATURE

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER INFORMATION

YOU MUST ATTACH A DEPOSIT SLIP OR VOIDED CHECK FOR THE BANK ACCOUNT TO WHICH YOUR FUNDS WILL BE CREDITED.