

# LEANDER ISD DIRECT DEPOSIT AUTHORIZATION FORM

Name \_\_\_\_\_  
(Last, First, Middle Initial)

Employee ID # \_\_\_\_\_  
(or Social Security #)

Campus/Dept \_\_\_\_\_

Job Title \_\_\_\_\_

- Select One:
- Begin Direct Deposit**
  - Change Bank/Account Number**
  - Add/Delete Secondary Account**
  - Cancel Direct Deposit**
- (Pay Card Application MUST be attached)

**All information must be correct and complete.**  
Please contact your financial institution(s) to verify all information, particularly the ACH Transit Routing Number, which is not always the transit number on your check.

## PRIMARY ACCOUNT INFORMATION:

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
ACH Transit Routing Number (9 digits)

\_\_\_\_\_  
Account Number

\_\_\_\_\_ Checking OR \_\_\_\_\_ Savings

Please complete the following box if you want pay deposited into **more than one** account:

## OPTIONAL Secondary Account Information:

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
ACH Transit Routing Number (9 digits)

\_\_\_\_\_  
Account Number

Designate amount of pay to be deposited into this second bank account each pay period:

\$ \_\_\_\_\_

**Note: The balance of Net Pay will be deposited into your Primary Account.**

\_\_\_\_\_ Checking OR \_\_\_\_\_ Savings

The district WILL NOT issue any paychecks; once direct deposit has been transmitted, your bank is responsible for the availability of your funds. If you have closed your account, the bank will refund the money to the district; however, the district must wait for receipt of these funds before they can be reissued to you or redeposited to your new account.

\*\*\*\*\* for CHECKING ACCOUNT, ATTACH VOIDED CHECK \*\*\*\*\*

\*\*\*\*\* for SAVINGS ACCOUNT, ATTACH COPY OF BANK CARD or BANK STATEMENT,  
Showing ACH# and Acc't Number (NOT copy of Debit Card) \*\*\*\*\*

or

\*\*\*\*\* ATTACH YOUR BANK'S COMPLETED DIRECT DEPOSIT FORM \*\*\*\*\*

**(Must Accompany This Form)**

I authorize Leander Independent School District to initiate credit entries, or debit corrections to my account(s) as listed above. I understand that it is MY RESPONSIBILITY for obtaining funds from the bank(s) once they have been transmitted. This authorization will remain in effect until Leander ISD Finance Office has received written notice of termination from me.

Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_