



**Texarkana**  
Independent School District

## EMPLOYEE DIRECT DEPOSIT FORM

**Direct Deposit of your payroll check to your financial institution.**

**You can have your paycheck deposited to your bank or credit union account each payday.  
The funds will be in your account on the business day of each payday.**

**Please complete ALL of the information below.**

**You MUST attach a VOIDED CHECK for deposit into a checking account.**

**Please allow one pay period following receipt of this form by payroll office  
for verification of the information submitted for direct deposit to be effective.**

### AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

**Company:** Texarkana ISD Company ID Number: 75-6002579

**Bank/Credit Union:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Account #:** \_\_\_\_\_  **Checking Account**  **Savings Account** *(select one)*

I hereby authorize Texarkana ISD to initiate credit entries, and, if necessary, debit entries and adjustments for any credit entries made in error to my account. The Bank/Credit Union named above is also authorized to make corresponding entries to the same such account.

This authority is to remain in full force and effect until Texarkana ISD has received written notification from me of its termination in such time and in such manner as to afford Texarkana ISD and the Bank/Credit Union a reasonable opportunity to act on it.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Please print clearly)*

**Social Security#:** \_\_\_\_\_

**Signature:** \_\_\_\_\_