



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 or a completed Direct Deposit Form
from your financial institution 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: _____