



ALDINE INDEPENDENT SCHOOL DISTRICT

14910 Aldine-Westfield Road • Houston, Texas 77032-3099 • (281) 449-1011

DIRECT DEPOSIT APPLICATION FORM

Employee Name _____ Social Security # _____

Employer Name Aldine Independent School District Date _____

Address _____

City _____ State _____ Zip Code _____

New Direct Deposit *Change* Direct Deposit *Same* Bank different account #

*****Please Staple a "Voided" check or attach a Direct Deposit form from your bank
(here)**

*****Please have my payroll check automatically deposited into the following account:**

CHECKING SAVINGS

Bank Name _____

I, _____ authorize Aldine ISD and my bank to automatically deposit my payroll check into my account listed above and authorize Aldine ISD and my bank to correct entries made in error. This authorization will remain in effect until I give written notice to cancel it.

Employee's Signature

Date