

## Danbury Independent School District Direct Deposit Authorization and Cancellation Agreement

To enroll for Direct Deposit, complete this form and return it to Cynthia Wendel in the administration office. You will be provided with a Wage & Earnings Statement each payday that will detail your gross pay, deductions and net pay, which will be the amount that is deposited in your account.

I hereby authorize Danbury ISD to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

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

Depository Name \_\_\_\_\_ Account Number \_\_\_\_\_

9-Digit Bank Routing/Transit Routing Number	Checking	Savings	Amount

**(For multiple accounts only)**

Depository Name \_\_\_\_\_ Account Number \_\_\_\_\_

9-Digit Bank Routing/Transit Routing Number	Checking	Savings	Amount

Depository Name \_\_\_\_\_ Account Number \_\_\_\_\_

9-Digit Bank Routing/Transit Routing Number	Checking	Savings	Amount

This authority is to remain in full force and effect until the District has received written notice from me of any changes in such time and in such manner as to afford the District a reasonable opportunity to act on it.

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

Date: \_\_\_\_\_

Attach a  
voided check

Your Name \_\_\_\_\_ 9876  
 Your Address \_\_\_\_\_  
 City, State ZIP \_\_\_\_\_

Depository Information

Pay To the Order Of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

Bank Information

Routing Number	Bank Name	Account Number
:123456789:	0123456789	9876

### Cancellation Form

I hereby authorize Danbury ISD to discontinue direct deposits into my account at \_\_\_\_\_, \_\_\_\_\_, effective \_\_\_\_\_.

**Bank Name**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_