



HULL-DAISETTA I.S.D DIRECT DEPOSIT FORM



PLEASE FILL OUT THE FORM IF YOU WOULD LIKE TO BEGIN DIRECT DEPOSIT WITH YOUR BANK. I WILL NEED THE FOLLOWING INFORMATION, **ALONG WITH A VOIDED CHECK OR DEPOSIT SLIP.**

NAME _____
(PLEASE PRINT) LAST FIRST MIDDLE

YOUR WHOLE CHECK MUST BE DEPOSITED IN EITHER YOUR CHECKING OR SAVINGS ACCOUNT NOT BOTH. PLEASE LIST THE NUMBER OF THE ACCOUNT SELECTED FOR DIRECT DEPOSIT.

CHECKING# _____

SAVINGS# _____

NAME OF BANK _____ PHONE# _____

BRANCH _____

CITY & STATE _____

BANK ROUTING # _____ (NINE DIGIT NUMBER LOCATED AT THE BOTTOM LEFT HAND CORNER OF YOUR CHECK.)

DIRECT DEPOSIT IS VOLUNTARY. THE EMPLOYEE SHOULD CHECK THE ACCOUNT BEFORE WRITING CHECKS TO BE CERTAIN THE FUNDS HAVE BEEN PROPERLY CREDITED TO THE ACCOUNT. IF YOU DECIDE THAT DIRECT DEPOSIT IS NOT FOR YOU, YOU MAY CANCEL UPON 30 DAYS PRIOR WRITTEN NOTIFICATION FROM ME TO HULL-DAISETTA I.S.D.

SIGNATURE

DATE

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT **SHANNON OGBURN @ 936-536-6321 EXTENSION# 145.** WE WILL RUN A PRENOTE TO YOUR ACCOUNT FIRST, WHICH MAY SHOW A BALANCE OF ZERO. THIS WILL ALLOW US TO CORRECT ANY PROBLEMS BEFORE YOUR CHECK IS ACTUALLY DEPOSITED.

NOTE: IF YOU DECIDE TO SIGN UP AT A LATER DATE, THIS FORM MUST BE SENT IN TWO WEEKS BEFORE SO THAT THE INFORMATION WILL HAVE ENOUGH TIME TO BE ENTERED AND VERIFIED.