

LIBERTY INDEPENDENT SCHOOL DISTRICT

DIRECT DEPOSIT FORM

I hereby authorize Liberty ISD to initiate entries to my checking/savings account at the financial institution listed below, and if necessary, initiate adjustments for my transaction credited/debited in error. This authority will remain in effect until Liberty ISD is notified by me in writing to cancel it in such time as to afford Liberty ISD and the financial institution a reasonable opportunity to act on it.

Date: _____

Employee Name (Printed): _____

Employee Mailing Address: _____

Name of Financial Institution: _____

Financial Institution Address: _____

Checking or Savings Account Number: _____

Select one _____ checking _____ savings

Financial Institution Routing Number: _____

(Look between these symbols [: :] on the bottom left of your check)

*If using a Credit Union, please obtain the proper routing/transit number by contacting your Credit Union.

Employee Signature: _____

Attach a voided check from financial institution here