

# SEGUIN INDEPENDENT SCHOOL DISTRICT

## APPLICATION FOR DIRECT DEPOSIT OF PAYROLL

NEW ENROLLMENT     CHANGE ENROLLMENT     CANCELLATION NOTICE

**I hereby authorize Seguin ISD and my Financial Institution named below to initiate credit entries, and if necessary debit entries and adjustments for any credit entries in error, to my checking/savings account indicated below. This authority will remain in effect until SISD has received written notification from me of its termination in such time and manner as to afford SISD and my Financial Institution a reasonable opportunity to act on it.**

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Transit/ABA (Routing) Number: \_\_\_\_\_

Checking     Savings

Account Number: \_\_\_\_\_

**A voided check (or other bank documents that verify the account and ABA number) must be included with this application form.**

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Employee Name (Please Print) : \_\_\_\_\_

Social Security #: \_\_\_\_\_

Campus/Department: \_\_\_\_\_

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

**After this completed form is received by the Payroll Department, the first check will be processed as a pre-note and NOT a direct deposit. Direct deposit will usually start with the second check.**