

COMAL INDEPENDENT SCHOOL DISTRICT

APPLICATION FOR DIRECT DEPOSIT OF PAYROLL

I hereby authorize Comal I.S.D. 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 C.I.S.D. has received written notification from me of its termination in such time and manner as to afford C.I.S.D. and my Financial Institution a reasonable opportunity to act of it.

Financial Institution Name: _____

Financial Institution Address: _____

City: _____ State: _____

Transit/ABA Number: _____

Checking or Savings Account Number (Please circle appropriate type of account)

Employee Name (Please Print): _____

Social Security Number: _____

Campus/Department: _____

Employee Signature: _____

Date: _____

A voided check (no deposit tickets) must be included with this application form.

After this form is received by the Business Office the first check will be a pre-note and NOT direct deposit. Direct Deposit will start with the second check.