

ELGIN INDEPENDENT SCHOOL DISTRICT
DIRECT DEPOSIT ENROLLMENT/CHANGE REQUEST FORM

Completion Instructions:

- To enroll in direct deposit or make changes to your current direct deposit account(s), complete the employee information and all information for each direct deposit account (up to 4 accounts).
- Send the completed and signed form to the Business Office-Payroll Specialist.
- For new enrollments and changes, a voided check (for checking accounts) or deposit slip for (savings accounts) must be attached to the form for verification of routing and transit numbers.
- CONTACT THE BUSINESS OFFICE BEFORE CLOSING YOUR CURRENT DIRECT DEPOSIT ACCOUNT.
- DIRECT DEPOSITS TO YOUR BANK ARE GUARANTEED TO BE THERE ON THE PAY DATE.
- CONTACT YOUR FINANCIAL INSTITUTION TO VERIFY ROUTING AND ACCOUNT NUMBERS.
- ELGIN ISD WILL NOT BE RESPONSIBLE FOR ANY ERRONEOUS INFORMATION PROVIDED.

Employee Information: *(Complete all fields)*

Employee Name:	Employee Number:
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Campus:

BALANCE ACCOUNT NEW ADD CHANGE

FINANCIAL INSTITUTION NAME	TELEPHONE NO: ()
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ROUTING TRANSIT NO.	TYPE OF ACCOUNT (CHECK ONE)
	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

ACCOUNT NUMBER	ENTIRE CHECK <input type="checkbox"/> BALANCE <input type="checkbox"/>
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ADDITIONAL ACCOUNT NEW ADD CHANGE

FINANCIAL INSTITUTION NAME	TELEPHONE NO: ()
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ROUTING TRANSIT NO.	TYPE OF ACCOUNT (CHECK ONE)
	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

ACCOUNT NUMBER	AMOUNT PER PAYCHECK
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\$

ADDITIONAL ACCOUNT NEW ADD CHANGE

FINANCIAL INSTITUTION NAME	TELEPHONE NO: ()
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ROUTING TRANSIT NO.	TYPE OF ACCOUNT (CHECK ONE)
	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

ACCOUNT NUMBER	AMOUNT PER PAYCHECK
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\$

ADDITIONAL ACCOUNT NEW ADD CHANGE

FINANCIAL INSTITUTION NAME	TELEPHONE NO: ()
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ROUTING TRANSIT NO.	TYPE OF ACCOUNT (CHECK ONE)
	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

ACCOUNT NUMBER	AMOUNT PER PAYCHECK
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I hereby authorize Elgin ISD, to initiate deposits (credits) of my net pay and/or corrections to the previous credits to my checking or savings account at the financial institution(s) named on this form. I understand and acknowledge that my election to use this account is completely optional on my part. I understand that I am solely responsible for the accuracy of the information I have submitted on this form. It is my responsibility to notify Elgin ISD of any changes or corrections to my financial institution(s) account information. This authorization will remain in full force until that notification is received in writing by the Business Office at Elgin ISD.

EMPLOYEE SIGNATURE

DATE