

ELGIN INDEPENDENT SCHOOL DISTRICT

DIRECT DEPOSIT ENROLLMENT/CHANGE REQUEST FORM

- 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.
- Submit the completed and signed form to the Business Office.
- For new enrollments and changes, one of the following documents must be attached to the form for verification of routing and account numbers; a voided check (for checking accounts), deposit slip (for savings accounts), or another form of documentation from your financial institution.
- DO NOT CLOSE YOUR CURRENT DIRECT DEPOSIT ACCOUNT(S) UNTIL YOU CONFIRM WITH THE BUSINESS OFFICE WHEN YOUR CHANGE WILL GO INTO EFFECT.
- ELGIN ISD WILL NOT BE RESPONSIBLE FOR ANY ERRONEOUS INFORMATION PROVIDED.
- DIRECT DEPOSITS TO YOUR BANK ARE GUARANTEED TO BE THERE ON THE PAY DATE.
- ***SUBMITTING THIS FORM WILL SUPERSEDE PREVIOUS REQUESTS.***

**Employee Information:** *(All fields in bold must be completed.)*

<b>Employee Name:</b>
<b>Employee Number:</b>
<b>Campus/Department:</b>

<b>Financial Institution Name:</b>
<b>Telephone Number:</b>
<b>Routing Number:</b>
<b>Type of Account:</b> <input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>
<b>Account Number:</b> <input type="checkbox"/> <b>Entire Check</b> <input type="checkbox"/> <b>Balance</b>

Financial Institution Name:
Telephone Number:
Routing Number:
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number:
Amount per Paycheck: \$

Financial Institution Name:
Telephone Number:
Routing Number:
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number:
Amount per Paycheck: \$

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:** \_\_\_\_\_

For Elgin ISD Business Office Use Only:
Photo ID: <input type="checkbox"/> DL <input type="checkbox"/> Elgin ISD Employee Badge Date: _____ Business Office Initials: _____ Effective Pay Date: _____