

**Longview Independent School District
Universal Direct Deposit Form**

Please allow up to 60 days for your deposit to be effective

Please attach voided check for each account listed below

Please initiate change my direct deposit as indicated below:

Name: _____

Address: _____

City/State/Zip: _____

Primary Phone Number: _____

Primary Account:

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type: Checking Savings

Optional Secondary Account:

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type: Checking Savings

Deposit Amount: \$_____ (Fixed amount)

By signing below, I authorize LISD to initiate/change my direct deposit:

I understand that I have requested that my wages be paid by direct deposit and that such deposits will be made to the account provided by me on or before the designated pay date. In the event I receive an overpayment of wages for any reason, I authorize the Longview Independent School District to deduct the entire amount of such overpayment from my next regularly scheduled payroll deposit, unless it is agreed in writing to a series of smaller re-payments.

Signature

Date