

# Longview Independent School District Universal Direct Deposit Form

**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

DEPOSIT AMOUNT:  NET PAY

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