Longview Independent School District Universal Direct Deposit Form

Please allow up to two pay periods for your deposit to be effective

A voided check must be attached for each account listed below

Please □ in	nitiate 🗆 change .	my direct dep	osit as indicated belo	w:
Name:				
Name				
City/State/7in:				
Primary Phone Number:				
rilliary rilone Number				
Primary Account:				
Routing Number:				
Account Number:				
Account Type:		□ Savings		
Deposit Amount:		_ 5495		
Deposit Amount.	□ Net ray			
Optional Secondary Acc	ount:			
				
Routing Number:			 	
Account Number:			· · · · · · · · · · · · · · · · · · ·	
Account Type:		□ Savings		
Deposit Amount:			(fixed amount)	
Deposit Amount.	□ Ψ		_ (lixea allibalit)	
Optional [Additional Acc	count1·			
Routing Number:				
Account Number:				
Account Type:		□ Savings		
Deposit Amount:			(fixed amount)	
Deposit Amount.	□ Ψ		_ (lixea arribarit)	
Rv sianina helow	T authorize I i	ISD to initia	te/change my direc	rt denosit:
by signing below,	i additorize el		ic, change my unce	it acpositi
Signature			Date	
ATTACH VOIDED CHECK				
ATTACH VOIDED CHECK				