

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 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)

Optional [Additional 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:

Signature

Date

ATTACH VOIDED CHECK