

# Longview Independent School District Cancel Direct Deposit

Please cancel my direct deposit as indicated below:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PRIMARY PHONE NUMBER: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ACCOUNT TYPE:       CHECKING     SAVINGS

DEPOSIT AMOUNT:     NET PAY

By signing below, I authorize LISD to cancel my direct deposit:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date