



PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Enlighten. Inspire. Achieve.

COMPLETE AND RETURN TO THE HISD PAYROLL OFFICE

(Please attach a voided check or letter from the bank to this form. Deposit slips WILL NOT be accepted. Completed form must be turned in at least 10 days prior to monthly pay date.)

I authorize Hillsboro Independent School District and the financial institution named below to automatically deposit my pay to the account shown below (this includes my authorization to Hillsboro ISD to reverse any entries made in error). This authority will remain in effect until I give written notice to HISD Payroll Office.

The District has the right to issue a hard copy check in place of direct deposit. The HISD Payroll Office will attempt to notify me if this is to occur.

PRIMARY DIRECT DEPOSIT

Account Type: Checking Savings

Financial Institution

Routing Number

City State

Account Number

ADDITIONAL DIRECT DEPOSIT

Account Type: Checking Savings

Amount of Deposit Per Check

Financial Institution

Routing Number

City State

Account Number

PLEASE STOP MY DIRECT DEPOSIT TO:

Financial Institution

Account Number

Effective Date

AUTHORIZATION

Employee Name (Print)

Employee Signature and Date