

Lewisville Independent School District Direct Deposit Authorization

Last Name: _____ First Name: _____

Social Security Number _____ Campus/Location _____

EP Number _____

I hereby authorize Lewisville Independent School District to electronically deposit my payroll check into the bank account(s) specified below. If the payroll department is notified that my bank cannot accommodate the direct deposit, a regular check will be issued.

I understand that with my first pay period, my direct deposit will be a “test” with my bank and I will receive an actual physical check. Direct deposit of my pay will begin with the next payroll following a successful “test” deposit.

I understand that the direct deposit is due at my bank based upon Lewisville Independent School District’s pay dates and that I am responsible for any and all bank service fees that result from paying of my account before the direct deposit was posted. Additionally, I am aware that it is my responsibility to notify the payroll department regarding any account changes. Failure to notify the payroll department of account changes by the payroll deadline may result in a delay in receiving funds.

This authorization will remain in effect until the district has received written notification from me that it is to be terminated in such time and manner for the district to act upon it. If the district erroneously deposits funds into my account, I authorize the district to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.

Bank Name	Bank Routing Number	Account Number	Type of Account (Checking or Savings)	Amount

Attach A voided check for each checking account listed above and return to the Payroll Department.

Employee signature: _____ Date: _____