



Lancaster Independent School District
DIRECT DEPOSIT AUTHORIZATION

Please read before completing:

I hereby authorize my payment(s) to be electronically deposited with the financial institution named below, in the following designated account. 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(s) credited. I further acknowledge and agree that the Lancaster Independent School District shall not be liable for damages related to late deposit or to deposit error by the originating bank or the receiving bank that might result in overdraft charges by my bank or insufficient funds charges to me, and acknowledging that it is my duty to ensure that deposits have been made to my account(s) on a timely basis.

NAME OF EMPLOYEE

PLEASE PRINT

EMPLOYEE ID or SS #

CAMPUS

PRIMARY DEPOSITORY BANK

CHECKING SAVINGS

BANK NAME

ROUTING NUMBER

(PLEASE CALL YOUR BANK TO CONFIRM ROUTING NUMBER)

bank code for office use only

ACCOUNT NUMBER

SECONDARY DEPOSITORY BANK

CHECKING SAVINGS

BANK NAME

AMOUNT \$

(per pay period)

ROUTING NUMBER

(PLEASE CALL YOUR BANK TO CONFIRM ROUTING NUMBER)

bank code for office use only

ACCOUNT NUMBER

SIGNATURE

DATE

*****ATTACH A COPY OF VOIDED CHECK / NOT A DEPOSIT SLIP*****
NOTE: Only 2 bank accounts allowed per employee

This authority is to remain in full force and effect until LISD has received written notification from me of its termination in such time and such manner as to afford LISD and Depository a reasonable opportunity to act on it. Preferably 10 working days prior to specified pay date.

422 S. Centre Avenue ~ Lancaster, TX 75146 Fax 972 218-1401