



AUTHORIZATION FOR  
AUTOMATIC DEPOSIT

EMPLOYEE NAME:	CAMPUS:
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EMPLOYEE'S SSN:

I (we) hereby authorize Lake Travis ISD to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) **CHECKING**  or **SAVINGS**  account (select one) indicated below, and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY (Bank) NAME:	BRANCH:
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CITY:	STATE:	ZIP:
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TRANSIT / ABA No. (9 DIGIT):	ACCOUNT NUMBER:
Transit/ABA # is the 9-digit # on the bottom left side of your check.	

This authority is to remain in full force for the effect until Lake Travis ISD has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Lake Travis ISD and DEPOSITORY a reasonable opportunity to act on it.

I understand and agree that the payroll deposit to my account will be on the scheduled pay date for the school district and not on my last scheduled workday, should these dates coincide.

NOTE: If your account is styled jointly with two names, and an "and" between names, both persons are required to sign this form. Examples: Mr. and Mrs. John Jones; John and Mary Jones; John Jones and Mary Jones.

NAME (S): \_\_\_\_\_  
(as printed on your check)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ATTACH VOIDED CHECK