

DIRECT DEPOSIT ENROLLMENT

PLEASE INCLUDE A VOIDED CHECK IF POSSIBLE.

Name _____

Date to begin direct deposit _____

Provide the following information for the bank account to which you would like us to deposit your pay:

Bank Name _____

Routing Number _____

(routing number found at the bottom of your checks)

Account Number _____

(account number found at the bottom of your checks)

I hereby authorize Rains ISD to deposit my pay to the bank account named above

Signed _____

Date _____