

**Friendswood Independent School District
Direct Deposit Request**

Name (print): _____
Last Name First Name

Address _____

I authorize the above named school district to credit my account with the financial institution named below. 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.

Signature Date

Check here if this a CHANGE

Check here to STOP direct deposit

NAME OF FINANCIAL INSTITUTION: _____
Checking Savings

This authorization will remain in effect until separation or written notification is received. Also, be aware that a test file is sent to your bank on the first payroll after we implement this information. Therefore your deposit will go in electronically on the second payroll date.



Attach a voided check OR Provide both of the following:

Bank Routing # _____

Bank Account # _____