

# Lampasas Independent School District

Direct Deposit Authorization

## ELECTRONIC FUND TRANSFER

Employee Name: \_\_\_\_\_

Social Security:(last 4 numbers only) \_\_\_\_\_

\_\_\_\_\_ Yes, I do want direct deposit

I authorize the payroll department of Lampasas ISD to electronically deposit my payroll check to the institution indicated below. I further understand that this electronic deposit will continue until such time I revoke this authorization by written request.

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPLETE THIS SECTION
<p>Bank Name: _____</p> <p>Routing Number: _____</p> <p>Account Number: _____</p> <p>ATTACH A VOIDED CHECK</p>

Note: If the form is received in the payroll office by the 20th of the month, your check should be direct deposited the following month. If not, you will receive a paper check(s). \_\_\_\_\_pick up \_\_\_\_\_mail

**Please verify your direct deposit information is in Employee Access before pay day.**