

CUBA INDEPENDENT SCHOOL DISTRICT
PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM
(Complete and return to the payroll department)

I authorize Cuba Independent Schools and the financial institution named below to automatically deposit my net pay to the () Checking or () Savings account as indicated below (this includes my authorization to you to reverse any entries made in error). This authority will remain in effect until I give written notice to my payroll department.

Name on the account: _____ Social Security Number: _____
(Please Print)

Account Type (Checking/Savings): _____ Checking/Savings Account No.: _____

Transit/Routing/ABA No. (It is found on the bottom left of your checking or savings account number): _____

Financial Institution Name: _____ Deposit Amount: \$ _____

Financial Institution Address (City, State): _____

Employee Signature: _____ Date: _____

Payroll Officer Signature: _____ Date: _____

Attach an "ORIGINAL" voided check or savings deposit slip.

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