

# Direct Deposit Authorization Form

## Lone Oak ISD

I (we) hereby authorize Lone Oak Independent School District to initiate entries to my checking/savings accounts at the financial institution listed below and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until Lone Oak ISD is notified by me (us) in writing to cancel it in such a time as to afford Lone Oak ISD and THE FINANCIAL INSTITUTION has a reasonable opportunity to act on it.

Please attach VOIDED check here
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### Personal Information

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

Social Security #: \_\_\_\_\_

### Bank Account Information

Bank Routing # \_\_\_\_\_

Employee's Account #: \_\_\_\_\_

- Checking Account
- Savings Account

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Campus: \_\_\_\_\_

**This authority may be terminated upon ten days prior to pay day with written notice to Lone Oak ISD Business Office.**