

UNITED INDEPENDENT SCHOOL DISTRICT

DIRECT DEPOSIT FORM

Employee Information:

Name: _____

Employee ID#: _____

Campus/Department: _____

Employee Signature: _____ Date: _____

Direct Deposit (Net Pay):

SELECT ONE: Apply / Cancel / Change Financial Institution (circle one)

Bank Name: _____ Type of Account: (circle one)

Bank Account Number: _____ Checking / Savings

Bank Routing Number: _____

Alternate Checking Account:

SELECT ONE: Apply / Cancel / Change Financial Institution (circle one)

Bank Name: _____ Specify Amount to be Deposited:
\$ _____

Bank Account Number: _____

Bank Routing Number: _____

Alternate Savings Account:

SELECT ONE: Apply / Cancel / Change Financial Institution (circle one)

Bank Name: _____ Specify Amount to be Deposited:
\$ _____

Bank Account Number: _____

Bank Routing Number: _____

Attachment:

UISD Form 901-PRDD Revised 1/11/05

Attach voided check or copy of Savings Account Membership Card