

Jarrell Independent School District Proud home of *The Cougars!* 504 N 5th Street, Jarrell, TX 76537 512-746-2124 |512-746-2518 Fax www.jarrellisd.org

## **Direct Deposit Authorization Form**

Please print and compl Name:			
Address:			
City, State, Zip:			
	Jane Doe 133 Main Street Location, Place 13345	DATE	123
	INV TO THE ORDER OF		\$
	FOR		June Dre
	000321456	000123455789 (11)	
	Routing number	Account	Check number
Name of Bank:			
Account Number:			
9-Digit Routing Num	ber:		
Type of Account: 🗆 C Amount: 🗆 \$	-	-	ntire Check

Please attach a voided check for each bank account to which funds should

## be deposited.

Jarrell ISD is hereby authorized to direct deposit my pay to the account listed above. Should I change my checking or savings account, I will complete a new Electronic Funds Transfer and/or Cancellation Form listing the new account information. I realize if I fail to notify Jarrell Independent School District of any bank account changes, returned items will be reissued with the next payroll cycle after the item is returned.

I understand that Jarrell Independent School District is not responsible for any banking errors. This authorization is to remain in effect until Jarrell Independent School District has received written notification.

Signature	
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