Lindale Independent School District AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

Type of Transaction
NEW AUTHORIZATION
CHANGE - Update my previous deposit
CANCEL - Stop my payroll deposit

When requesting a change to your existing direct deposit account information, you MUST provide the existing account information for verification purposes. This measure will help us to verify the accuracy of the requested change.

I hereby authorize Lindale ISD to make the following changes to my financial institution(s) noted below for deposit:

mout	ulion(3)	noted be	slow for depo-	Sit.		
Direct Deposit Account NET Amou	nt: I	NET AMO	UNT	Checking	Savings	
Direct Deposit Account 2:	9	\$	Amount	Checking	Savings	
Direct Deposit Account 3:	9	\$	Amount	Checking	Savings	
Existing Account Information (Require		ik change	•	Bank Account Number		
New Account Information (Required)						
Financial Institution	Transit/ABA Number Routing Number			Bank Account Number		
If your direct deposit will be to a financial	institution	OUTSIDI	E of the United S	States, please check box		
event of an over deposit. I further acknow of my direct deposit, in the event that a d charges caused by such delay. Signature	elay does					
	L					
It is the employee's responsibility Attach a copy of a voided che Attach a Voided Pers	ck or a sta	atement fr	om your bank ve	erifying the information.		
ENTERED BY		DATE ENTERED				
VERIFIED BY		DATE ENTERED				

Rev 05/24