

**KINGSVILLE INDEPENDENT SCHOOL DISTRICT
DIRECT DEPOSIT ENROLLMENT FORMS**

DISTRICT NAME: KINGSVILLE INDEPENDENT SCHOOL DISTRICT

I hereby authorize Kingsville Independent School District, hereinafter called DISTRICT, to initiate credit entries and if necessary, debit entries (adjustments for any credit entries in error) to my:

(Please select one) _____ Checking Account _____ Saving Account

Please indicate below the depository name, hereinafter called DEPOSITORY, to credit and/or debit.

DEPOSITORY (BANK) NAME: _____

BRANCH: _____

CITY: _____ **State** _____ **ZIP:** _____

TRANSIT/ABA NO: _____

ACCOUNT NO: _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY AND DEPOSITORY a reasonable opportunity to act on it.

Please attach a voided check to this form to document and verify the transit/ABA number and account number.

NAME: _____

Employee ID # _____

EMPLOYEE SIGNATURE _____

DATE: _____

Note: Any changes made to your bank or account number will require a new Direct Deposit Enrollment Form within five days prior to your pay date.