

Friendswood Independent School District
Direct Deposit Request

Check one: Substitutes: SS# _____ - _____ - _____
 Employees: FISD ID# _____

NAME (Please print):

(Last Name) (First Name) (M.I.)

I authorize the above named school district to credit my account with the financial institution named below. If the district erroneously deposits funds into my account, I authorize the district to initiate the necessary debit entries not to exceed the total of the original amount credited for the current pay period.

NAME OF FINANCIAL INSTITUTION

CITY STATE ZIP

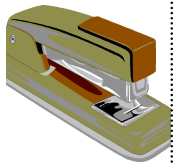
TX

- BANK SAVINGS & LOAN
 CREDIT UNION SAVINGS
 CHECKING OTHER

CHECK HERE IF THIS A **CHANGE**
CHECK HERE TO **STOP** DIRECT DEPOSIT

This authorization will remain in effect until separation or written notification is received. Also, be aware that a test file is sent to your bank on the first payroll after we implement this information. Therefore your deposit will go in electronically on the second payroll date.

Signature _____ Date _____



Please attach (staple) a personalized, voided check,

or

for savings accounts a copy of your bank issued card certifying your account number.

STAPLE HERE