

WINDTHORST ISD
PAYROLL DIRECT DEPOSIT FORM

Date: _____

Name: _____

This is to authorize the Windthorst ISD Payroll Department to direct deposit my payroll check each month, beginning the _____ payroll month. I understand that I will have to notify the payroll department of any changes in amounts or depository, and that the deduction will remain in effect until any such change is made by me, or I have submitted a request for cancellation in writing to the payroll department.

Employee Signature

Name of Depository

Account # _____

Depository Address

Bank Routing # _____

Type of Account _____

City, State & Zip Code

Email address _____