

WEATHERFORD INDEPENDENT SCHOOL DISTRICT
DIRECT DEPOSIT AUTHORIZATION

I hereby authorize Weatherford ISD to initiate credit entries to my () checking
() savings account (select one) indicated below at the named depository.

Bank Name _____

Address _____

City _____ State _____ Phone # _____

Routing number: _____

Account number: _____

This authorization is to remain in force and effect until Weatherford ISD has received written notification from me of its termination in such time and in such manner as to afford Weatherford ISD and _____ a reasonable opportunity to act on it. (Depository Name)

EMPLOYEE
NAME: _____ SS# _____

Date: _____ SIGNED _____

Note: Please attach a personalized deposit slip for verification of bank i.d. numbers

FIRST MONTH AFTER REQUEST FOR DIRECT DEPOSIT WILL SEND ALL IDENTIFICATION NUMBERS THROUGH THE BANK FOR VERIFICATION WITHOUT MONEY. SECOND MONTH WILL ACTUALLY START DEPOSIT OF MONEY