

Grandview ISD

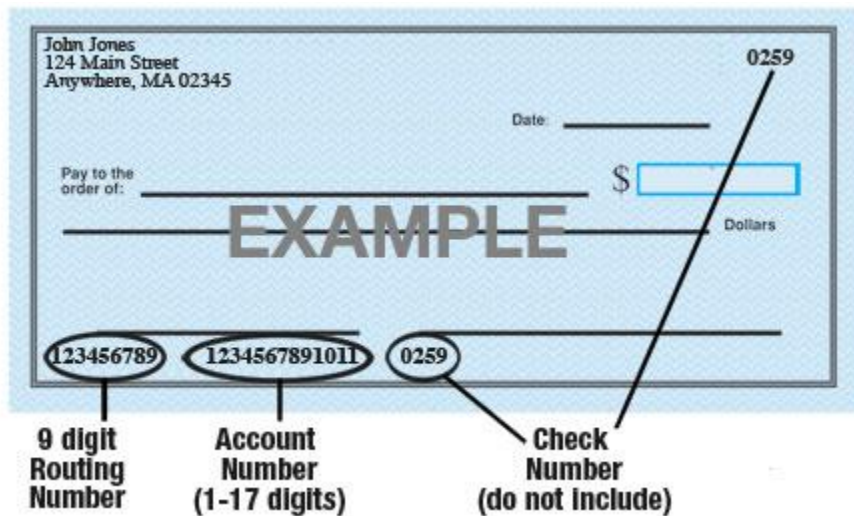
Direct Deposit Authorization

To enroll in Direct Deposit, simply fill out this form and attach a voided check for your applicable checking account - not a deposit slip.

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Circle One)

Please attach a voided check to which funds should be deposited.

GVISD is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Signature

Date

Printed Name