

Jarrell Independent School District

P. O. Box 9
312 N. Fifth Street
Jarrell, Texas 76537
www.jarrellisd.org

512.746.2124 office

Superintendent: Dr. Bill Chapman

512.746.2518 fax

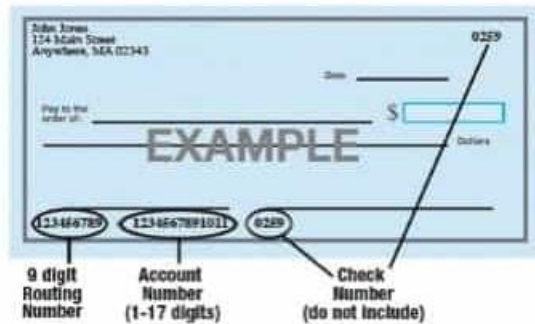
Direct Deposit Authorization Form

Please print and complete ALL the information below:

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ _____% or Entire Check

Type of Account: Checking Savings (Circle One)

Please attach a voided check for each bank account to which funds should be deposited.

Jarrell ISD is hereby authorized to directly deposit my pay to the account listed above. Should I change my checking or savings account, I will complete a new Electronic Funds Transfer and/or Cancellation Form listing the new account information. **I realize if I fail to notify Jarrell Independent School District of any bank account changes, returned items will be reissued with the next payroll cycle after the item is returned.**

I understand that Jarrell Independent School District is not responsible for any banking errors. This authorization is to remain in effect until Jarrell Independent School District has received written notification.

Signature _____

Date _____