

SEGUIN INDEPENDENT SCHOOL DISTRICT  
APPLICATION FOR ADDITIONAL DIRECT DEPOSITS

NEW ENROLLMENT     CHANGE ENROLLMENT     CANCELLATION NOTICE

I hereby authorize Seguin ISD and my Financial Institution named below to initiate credit entries, and if necessary debit entries and adjustments for any credit entries in error, to my checking/savings account indicated below. This authority will remain in effect until SISD has received written notification from me of its termination in such time and manner as to afford SISD and my Financial Institution a reasonable opportunity to act on it.

DD1    Financial Institution: \_\_\_\_\_

Transit/ABA (Routing) Number: \_\_\_\_\_

Checking     Savings                      AMOUNT: \_\_\_\_\_

Account Number: \_\_\_\_\_

DD2    Financial Institution: \_\_\_\_\_

Transit/ABA (Routing) Number: \_\_\_\_\_

Checking     Savings                      AMOUNT: \_\_\_\_\_

Account Number: \_\_\_\_\_

**A voided check (or other bank documents that verify the account and ABA number) must be included with this application form.**

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Employee Name (Please Print) : \_\_\_\_\_

Social Security #: \_\_\_\_\_

Campus/Department: \_\_\_\_\_

Employee Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**After this completed form is received by the Payroll Department, the first check will be processed as a pre-note and NOT a direct deposit. Direct deposit will usually start with the second check.**