

Direct Deposit Authorization Form

I authorize Independent School District #6083 and the financial institution named below to initiate credits or deductions to my account either by electronic funds transfer or paper draft. This authorization will remain in effect until revoked by me in writing.

Type of account:

___ Checking (Please attach a blank VOIDED check)

___ Savings (Please attach a VOIDED deposit slip)

Account Number _____ Routing Number _____

Financial Institution Name _____ Phone () _____

Financial Institution Address _____

Signature Of Account Owner _____ Date _____

Attach voided check below:



