

Direct Deposit Authorization  
Giddings ISD

Employee Name \_\_\_\_\_

Bank Name  
and Address \_\_\_\_\_  
\_\_\_\_\_

Bank Account # \_\_\_\_\_

Bank Routing # \_\_\_\_\_

If you supply the district with a blank deposit slip we can gather the above information from that slip.

I authorize the Giddings ISD to direct deposit payroll funds into the above account, I will notify the district of any changes before the 10<sup>th</sup> of the month.

Signature \_\_\_\_\_

Date \_\_\_\_\_