LEXINGTON INDEPENDENT SCHOOL DISTRICT
DIRECT DEPOSIT AUTHORIZATION

Print Name _____ Employee ID# _____
(Last, First, MI) (or Social Security #)

Campus/Dept. _____ Job Title _____

Select One: ☐ Begin Direct Deposit ☐ Change Bank/Account Number
☐ Add/Delete Secondary Account

Primary Account Information

_____ _____
Name of Financial Institution Account Number

_____ ☐ ☐
ACH Transit Routning Numbers (9 Digits) Checking or Savings

Optional Secondary Account Information

_____ Designate amount of pay to be deposited into secondary bank account each pay period: $ _____ (per check)
Name of Financial Institution

_____ ☐ ☐
Account Number Checking or Savings

_____
ACH Transit Routning Numbers (9 Digits)

***NOTE: The balance of the Net Pay will be deposited into your Primary Account.**

Authorization & Signature

I hereby authorize Lexington Independent School District to initiate automatic deposits to my account at the financial institution named below. I also authorize Lexington Independent School District to make withdrawals from this account in the event that a credit entry is made in error.
Further, I agree not to hold Lexington Independent School District responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.
This agreement will remain in effect until Lexington Independent School District receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

_____ _____
Signature **Date**

*****PLEASE ATTACH VOIDED CHECK OR A COMPLETED DIRECT DEPOSIT FORM FROM YOUR BANK*****

THESE DOCUMENTS HELP TO VERIFY CORRECT INFORMATION IS GIVEN