

London Independent School District
Authorization Agreement for Direct Deposit

I authorize London ISD to initiate credit entries and to initiate, if necessary, debit entries and adjustments for credit entries in error to my **CHECKING** or **SAVINGS** (*select one*)

Depository Name: _____

Branch: _____

City _____ State _____ Zip _____

Routing No. _____

Account No. _____

This authority is to remain in full force and effect until London ISD has received written notification from me of its termination in such time and in such manner as to afford London ISD and Depository opportunity to act on it.

Name _____

Signature _____ Date _____

Turn in to Business Office upon completion. Authorization must be completed 10 business days before the payroll date to be in effect that month. Please attach a voided check here