



BURKBURNETT
INDEPENDENT SCHOOL DISTRICT

ACH (Payroll Direct Deposit) Authorization Form

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|--|---|
| | |
| Last Name: | First Name: |
| Street Address: | |
| City, State | Zip Code: |
| Name of Bank: | |
| Checking <input type="checkbox"/> | Savings <input type="checkbox"/> |

Please attach to this form a voided check from our current banking institution.

I hereby authorize Burkburnett ISD to send my payroll amounts to the institution listed above and its successors. I know that I can change the location where my payroll will be deposited with proper timely notification to the BISD Payroll Department.

_____ signature

_____ Date

If you are unable to locate or provide a personalized voided check, please supply us with the following information:

Bank Routing Number:

The nine digit routing number may be located at the bottom far left of one of your checks (i.e. First Bank, Burkburnett 1119-07788)

Your Account Number: _____