

**CUBA INDEPENDENT SCHOOL DISTRICT**  
**PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM**  
(Complete and return to the payroll department)

I authorize Cuba Independent Schools and the financial institution named below to automatically deposit my net pay to the ( ) Checking or ( ) Savings account as indicated below (this includes my authorization to you to reverse any entries made in error). This authority will remain in effect until I give written notice to my payroll department.

Name on the account: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Please Print)

Account Type (Checking/Savings): \_\_\_\_\_ Checking/Savings Account No.: \_\_\_\_\_

Transit/Routing/ABA No. (It is found on the bottom left of your checking or savings account number): \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_ Deposit Amount: \$ \_\_\_\_\_

Financial Institution Address (City, State): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach an "ORIGINAL" voided check or savings deposit slip.**

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