

DENVER CITY INDEPENDENT SCHOOL DISTRICT
ENROLLMENT FORM FOR DIRECT DEPOSIT

Name _____

Provide the following information for the bank account to which you would like us to deposit your pay:

Name & Address of Financial Institution:

Phone # _____

Routing Number _____
(Found at the bottom of your check)

Account Number _____

Checking _____ Savings _____

I hereby authorize Denver City ISD to deposit my pay to the bank account named above.

Signed: _____

Date: _____

PLEASE ATTACH A VOIDED CHECK OR INFORMATION FROM YOUR BANK SHOWING YOUR BANK ACCOUNT AND ROUTING NUMBER (WE DO NOT ACCEPT DEPOSIT SLIPS)

For office use only- Pre-noted & Verified _____