



# CEDAR HILL ISD REQUEST FOR DIRECT DEPOSIT

Employee Name: \_\_\_\_\_  
(Please print)

I hereby authorize Cedar Hill Independent School District (CHISD) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking or saving account indicated below and the financial institution named below, to credit and/or debit the same to such account.

### PRIMARY FINANCIAL INSTITUTION

Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:  Checking  Savings

### SECOND FINANCIAL INSTITUTION

Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:  Checking  Savings      Amount to be deposited: \$ \_\_\_\_\_

### THIRD FINANCIAL INSTITUTION

Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:  Checking  Savings      Amount to be deposited: \$ \_\_\_\_\_

**\*\*A VOIDED CHECK AND/OR DEPOSIT LETTER MUST BE ATTACHED TO THIS AUTHORIZATION\*\*  
FOR EACH FINANCIAL INSTITUTION**

This authority to remain in full force and effect until Cedar Hill ISD has received written notification from me of its termination in such time and in such manner as to afford Cedar Hill ISD and Financial Institution a reasonable opportunity to act on it.

Written termination or changes of the above authority must be received fifteen (15) working days prior to a specified pay date.

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