

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

To: VISD Payroll Department

I hereby authorize the Venus Independent School District to initiate entries to my checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for transactions debited/credited in error. Direct Deposit will take effect on the next regularly scheduled payroll processing date. By electing Direct Deposit, I understand that my Employee Wage and Earnings Statement will be sent to me via email.

This authorization will remain in effect until Venus ISD Payroll Department is notified by me in writing to cancel this authorization. Notification must be made 14 days prior to any payroll processing date to allow Venus ISD and the financial institution to act upon the cancellation.

EMPLOYEE NAME: _____ **SSN:** _____

ADDRESS: _____

CITY, STATE, ZIP: _____

SIGNATURE: _____ **DATE:** _____

CHECKING: _____ **SAVINGS:** _____ **APPROVED:** _____

ATTACH VOIDED CHECK HERE

INSTITUTION NAME: _____