

# LEANDER ISD DIRECT DEPOSIT AUTHORIZATION FORM

## ATHLETIC OFFICIALS

Name

Last 4 of Social

\_\_\_\_\_  
(Last, First, Middle Initial)

Select One:

- Begin Direct Deposit**  
 **Change Bank/Account Number**

**All information must be correct and complete.**  
Please contact your financial institution(s) to verify all information, particularly the ACH Transit Routing Number, which is not always the transit number on your check.

### PRIMARY ACCOUNT INFORMATION:

\_\_\_\_\_  
Name of Financial Institution

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

\_\_\_\_\_  
ACH Transit Routing Number (9 digits)

\_\_\_\_\_ Checking OR \_\_\_\_\_ Savings

The district **WILL NOT** issue any paper checks; once direct deposit has been transmitted, your bank is responsible for the availability of your funds. If you have closed your account, the bank will refund the money to the district; however, the district must wait for receipt of these funds before they can be reissued to you or redeposited to your new account.

**Attach voided check here.**

(Do **not** use your debit card as the numbers are different.)

I authorize Leander Independent School District to initiate credit entries, or debit corrections, to my account(s) as listed above. I understand that it is **MY RESPONSIBILITY** for obtaining funds from the bank(s) once they have been transmitted. This authorization will remain in effect until Leander ISD Finance Office has received written notice of termination from me.

Signature

Date / /

Please return completed form to LISD Athletics Office or fax to Finance Office Attn: Accounts Payable 512-570-0054