

ROBSTOWN INDEPENDENT SCHOOL DISTRICT  
DIRECT DEPOSIT AUTHORIZATION FORM

I, \_\_\_\_\_ HEREBY AUTHORIZE THE PAYROLL DEPT. TO:  
NAME

\*Start direct deposit of my net payroll check with:

\_\_\_\_\_  
(Name of Bank or Institution)

\*Stop direct deposit of my net payroll check

\*\*Start direct deposit of \$\_\_\_\_\_ for savings/checking from payroll check with:

\_\_\_\_\_  
(Name of Bank or Institution)

\*\*Stop direct deposit of my savings/checking from payroll check

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SS# \_\_\_\_\_

CAMPUS \_\_\_\_\_

Attach deposit slip or fill in the following:

\*NET Bank Routing Number: \_\_\_\_\_

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

Checking: or Savings:

\*\*OTHER Bank Routing Number: \_\_\_\_\_

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

Checking: or Savings:

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

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

Checking: or Savings: