

□ BI-WEEKL□ MONTHLY□ SUBS	Y	ZATION AGREE	MENT FOR DIR	ECT DEPOSIT
Fo enroll in Direct De and banking informa	eposit – Please com tion.	plete this form and	return it to the pay	rroll office. Please print (neatly) employee
Mark one bo	x with an "X":		☐ Change	□ Add
Employee Legal Nam			/ ID #	
				PRIMARY ACCOUNT
Account Type:		Accou	nt Number	
Checking	☐ Savings			CECONDARY
Bank Name:				SECONDARY
Routing Number: Account Type:		Accou	nt Number	
☐ Checking	☐ Savings	Amoun	t:	
 For the purpose initiate direct de 	of direct deposit of payr posit (credit) entries an	oll checks only, I hereby d correction (debit) entri	authorize Weslaco ISD es to the depository acc	and the depository institution(s) named above to ount(s) listed above.
designated accou	int(s). This authorizatio	d hereby authorize my pa on will remain in effect un or Weslaco ISD to act on	itil Weslaco ISD has rec	ically deposited with the institution(s) named in the eived written notification from me that it is to be
acknowledges th	at Weslaco ISD has not	yee results in non-accept responsibility to issue ar	other payment until the	by the designated financial institution, payee funds for the accepted deposit are returned to
Do not close you issued to the Pay	r account until completi roll Dept.	ion, delivery to, and acce	ptance of a CANCELLA	TION AGREEMENT FOR DIRECT DEPOSIT has been
Weslaco ISD em	ployee portal will provid	le you with an Earning S	tatement each pay day t	hat will detail your gross pay, deductions, and net pay.
• Attach Voi	d Check, Depos	sit Slip, or Bank	Card reflecting	g routing and account numbers.
Emp	ployee Signature			Date
Payroll Use Only:	Bank Code:	Entry Date:	Effective Payroll:	Entered by:Approved by: