

QUANAH INDEPENDENT SCHOOL DISTRICT
AUTHORIZATION FOR DIRECT DEPOSIT OF PAYCHECK

Name of Employee _____ SS# _____

Name of Bank for Direct Deposit _____

Checking

Savings

Location of Bank _____

(Attach deposit slip)

Bank Routing Number _____

(First nine digits from left on your deposit slip)

Your account number _____

E-mail address _____

(This is where you will receive your monthly earning statement)

I hereby authorize Quanah ISD to make a deposit of my paycheck to the bank named above and to the account number I have indicated.
Additionally, I authorize Quanah ISD to debit my account for any deposit made in error.

Signature of Employee

Date