



**NORTHSIDE INDEPENDENT SCHOOL DISTRICT**

Direct Deposit Application for Payroll

**DIRECT DEPOSIT IS MANDATORY FOR ALL EMPLOYEES**

Office Use Only
Bank Code: _____
Date Entered: _____
Initials: _____

<b>Employee Information</b>			
Name: _____	Employee No: _____	Campus/Dept: _____	<input type="checkbox"/> MO <input type="checkbox"/> BW <input type="checkbox"/> SUBS

Main Account	Type of Account	Bank Information	<h2>Net Pay</h2> <p><small>* NOTE: THIS PRIMARY NET PAY ACCOUNT WILL ALSO BE USED FOR EMPLOYEE EXPENSES PROCESSED THROUGH THE ACCOUNTS PAYABLE DEPARTMENT.</small></p>
Indicate one: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Indicate: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing No: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Account Number: _____ Bank Name: _____	

2nd Account	Type of Account	Bank Information	Dollar Amount
Indicate one: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Indicate: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing No: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Account Number: _____ Bank Name: _____	Indicate:  Specified Dollar Amount: _____

3rd Account	Type of Account	Bank Information	Dollar Amount
Indicate one: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Indicate: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing No: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Account Number: _____ Bank Name: _____	Indicate:  Specified Dollar Amount: _____

I hereby authorize Northside ISD and the Financial Institution(s) listed above to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my account(s). This authorization may not take effect on my next paycheck due to setup requirements. Once started, this authorization will remain in effect until I have cancelled or changed my account information in writing. I understand that if my net pay is not large enough to deduct the second or third account amount that my entire net pay will be deposited into my main account.

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Return form via inter-office mail, in person, or by U.S. Mail to:  
NISD Payroll Office  
5900 Evers Rd  
San Antonio, TX 78238

\_\_\_\_\_  
Signature Date  
**Please attach a VOIDED CHECK for each Account or a Bank Direct Deposit Form from your banking institution.**  
**No Deposit Slips or Fax Documents Accepted**