



# Direct Deposit Form

To Enroll in Full service Direct deposit, simply fill out this form and submitted to Payroll Department.

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_ Campus/Department: \_\_\_\_\_

### DIRECT DEPOSIT

- Add New Acct     
  Cancel Acct     
  Change Bank     
  Add Add'l Accts     
  Change Amounts

#### Bank#1 - Primary Account

Bank Name: \_\_\_\_\_ Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

#### Bank#2 - Secondary Account

Bank Name: \_\_\_\_\_ Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

**Please indicate the amt. of your check you want designated to this acct.**

Designated Amt to account \$: \_\_\_\_\_ Per Check

#### Bank#3 - Third Account

Bank Name: \_\_\_\_\_ Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

**Please indicate the amt. of your check you want designated to this acct.**

Designated Amt to account \$: \_\_\_\_\_ Per Check

**IMPORTANT:** this document must be signed by employee requesting Direct deposit  
This authorization will be effective until ZCISD receives a written termination notice.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_