



Texarkana
Independent School District

EMPLOYEE DIRECT DEPOSIT FORM INSTRUCTIONS

Texarkana ISD has recently experienced a HIGH volume of fraudulent requests to change employee direct deposit information. For your protection the following will now be implemented:

1. Texarkana ISD will only accept additions or changes to your direct deposit of your paycheck personally from you.
2. For your protection from fraud, we will no longer accept 3rd party requests to make changes to your deposit (ClickSWITCH, Walmart money card)
3. Print the form found on the TISD website.
4. Complete all of the information.
5. Attach a voided check from your banking institution or a completed direct deposit form from your financial institution.
6. Please allow one pay period following receipt of this request for it to be effective. This is so that we may verify proper information to ensure protection of your paycheck.
7. Completed form by you can be submitted by:
 - a. Emailing to *Christi.Deloach@txkisd.net*
 - b. Putting in intercampus mail to Christi DeLoach attention
 - c. Deliver to Central Administration office to Christi DeLoach attention



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EMPLOYEE DIRECT DEPOSIT FORM

Direct Deposit of your payroll check to your financial institution.

**You can have your paycheck deposited to your bank or credit union account each payday.
The funds will be in your account on the business day of each payday.**

**Please complete ALL of the information below.
You **MUST** attach a **VOIDED CHECK** or a completed Direct Deposit Form
from your financial institution for deposit into a checking account.**

**Please allow one pay period following receipt of this form by payroll office
for verification of the information submitted for direct deposit to be effective.**

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Company: Texarkana ISD

Company ID Number: 75-6002579

Bank/Credit Union: _____

City: _____ **State:** _____

Account #: _____ **Checking Account** **Savings Account** *(select one)*

I hereby authorize Texarkana ISD to initiate credit entries, and, if necessary, debit entries and adjustments for any credit entries made in error to my account. The Bank/Credit Union named above is also authorized to make corresponding entries to the same such account.

This authority is to remain in full force and effect until Texarkana ISD has received written notification from me of its termination in such time and in such manner as to afford Texarkana ISD and the Bank/Credit Union a reasonable opportunity to act on it.

Name: _____ **Date:** _____

(Please print clearly)

Social Security#: _____

Signature: _____