

PORT NECHES-GROVES ISD

PAYROLL DIRECT DEPOSIT-DIRECT DEBIT ENROLLMENT FORM

NAME \_\_\_\_\_

EMPLOYEE SS# \_\_\_\_\_

SCHOOL/LOCATION \_\_\_\_\_

Effective Date \_\_\_\_\_

Please verify your account information with your financial institution for accuracy. We do not send a test file.

BANK NAME \_\_\_\_\_

BANK PHONE # \_\_\_\_\_ BANK ROUTING# \_\_\_\_\_

CHECKING/SAVINGS ACCOUNT # \_\_\_\_\_  
(CIRCLE TYPE OF ACCOUNT)

NET CHECK \_\_\_\_\_ DESIGNATED AMOUNT:\$ \_\_\_\_\_

FOR AN ADDITIONAL ACCOUNT COMPLETE BELOW

BANK NAME \_\_\_\_\_

BANK PHONE # \_\_\_\_\_ BANK ROUTING# \_\_\_\_\_

CHECKING/SAVINGS ACCOUNT # \_\_\_\_\_  
(CIRCLE TYPE OF ACCOUNT)

DESIGNATED AMOUNT:\$ \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

NOTE: A VOIDED CHECK OR DEPOSIT SLIP CAN BE ATTACHED TO THIS FORM