 **DIRECT DEPOSIT AUTHORIZATION**

For Internal Purposes only:

Entered: \_\_\_\_\_\_\_\_\_\_

Prenote: \_\_\_\_\_\_\_\_\_\_

Completed: \_\_\_\_\_\_\_\_\_\_

 **ATHLETIC OFFICIALS**

 **LEWISVILLE I.S.D.**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**­**\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(PLEASE PRINT) (for payment notifications)**

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TIN/SSN** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone #:­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MUNIS Vendor #**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (to be completed by LISD)

I hereby authorize Lewisville Independent School District to electronically deposit my check for invoices and other services to LISD rendered into the bank account specified below. If the Accounts Payable Department is notified that my bank cannot accommodate the direct deposit, a paper check will be issued—but only after the rejection notice from the bank is received by the Accounts Payable Department.

I understand that the direct deposit is sent to my bank upon issuance in Lewisville Independent School District’s financial system and that the district has no control over when the bank actually posts the funds to my account. I also understand that I am responsible for any and all bank service fees that result before the direct deposit is posted. I am aware that it is my responsibility to notify the Accounts Payable Department of account changes. **Failure to notify the Accounts Payable Department of account changes before you have performed a service or provided goods for the district which requires payment may result in a delay in receiving funds.**

I understand that this authorization will remain in full force and effect until I notify Lewisville ISD Accounts Payable Department that I wish to revoke this authorization. Lewisville ISD requires at least seven (7) business days prior notice to cancel this authorization **AND** this form to be completed indicating you wish to cancel direct deposit (see one of the 3 options below).

If the district erroneously deposits funds into my account, I authorize the district to initiate the necessary reversals, not to exceed the total of the original amount credited.

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Name | Bank Routing # | Account # | Type of Account (checking or savings) |
|  |  |  |  |

**Please choose one of the 3 options below:**

□ New Account Authorization for Direct Deposit **□** Cancellation of Direct Deposit

□ Change of Financial Institution, Account Number, and/or ABA Bank Routing Number

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

**Return this form along with a voided check or ACH bank form to:** nesbittk@lisd.net

 **Revised 4/9/24**