

JACKSBORO INDEPENDENT SCHOOL DISTRICT
DIRECT DEPOSIT AUTHORIZATION

I hereby authorize Jacksboro ISD to initiate credit entries to my () checking ()
savings account (select one) indicated below at the named depository.

Bank Name _____

Address _____

City _____ State _____ Phone # _____

Routing Number: _____

Account Number: _____

This authorization is to remain in force and effect until Jacksboro ISD has received
written notification from me of its termination in such time and in such manner as to
afford Jacksboro ISD and _____ a reasonable
opportunity to act on it. (Depository Name)

EMPLOYEE NAME: _____

Date: _____ SIGNED _____

Note: Please attach a personalized deposit slip for verification of bank i.d. numbers.