



La Vernia Independent School District

13600 US Hwy 87 West • La Vernia, Texas 78121
(830) 779 – 6600 • Fax (830) 779 - 2304

**PAYROLL
AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS**

NAME: _____ DATE: ____ / ____ / ____

I hereby authorize La Vernia ISD and the financial institution named below (“Bank”) to deposit my net payroll automatically to my bank account. If monies to which I am not entitled are deposited in my bank account, I authorize La Vernia ISD and the Bank to direct the return of said funds and make the necessary debit adjustments to my bank account.

This authority is to remain in effect until La Vernia ISD has received my advanced written notification of its termination to allow La Vernia ISD and the Bank a reasonable opportunity to act.

Employee Signature



Please complete the following and attach a voided check:

Bank Name: _____ Type of Account: Checking Savings

Bank Routing #: _____ Account #: _____

Add Cancel Change

Additional Info (if needed): _____



Attach Voided Check Here

****LVISD Payroll Department must receive this form one week prior to payroll date to take effect for current payroll period****