MAY ISD
Payroll Direct Deposit
Enrollment Form

Name: _____
  First   **MI**   **Last**

Bank Name	**Routing Number**	**Account Number**	**Check Acct Type**	**Amount-**(only needed if more than one account being used)
_____	_____	_____	Cking Sav	_____
_____	_____	_____	Cking Sav	_____
_____	_____	_____	Cking Sav	_____

PLEASE ATTACH A VOIDED CHECK FOR EACH ACCOUNT BEING USED

_____   _____
Employee Signature   **Date**