

# PAYROLL DEPARTMENT

## BCISD PAYCHECK DISPOSITION FORM

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LAST NAME

FIRST NAME

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MAILING ADDRESS

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CAMPUS

TELEPHONE NUMBER

Check below the way you wish your paycheck to be handled:

DIRECT DEPOSIT

\_\_\_\_\_ (Voided check or statement from Bank MUST be attached)

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NAME OF BANK

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BANK ACCOUNT NUMBER

\_\_\_\_\_ Checking

\_\_\_\_\_ Savings

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ROUTING NUMBER

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DATE

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SIGNATURE