



GARLAND INDEPENDENT SCHOOL DISTRICT
VENDOR DIRECT DEPOSIT AUTHORIZATION

VENDOR INFORMATION:

VENDOR NAME: _____

VENDOR #:

GISD INTERNAL USE ONLY

AUTHORIZED SIGNATURE: _____

← SIGNATURE REQUIRED

TIN/SOCIAL SECURITY NUMBER: _____

REMITTANCE E-MAIL REQUIRED: _____ **CONTACT PERSON:** _____

1. AUTHORIZATION FOR DIRECT DEPOSIT (attach a current bank account verification letter - required)

I hereby authorize the Garland Independent School District Finance Office to deposit all payments from GISD to my financial institution (named below) electronically. I further understand and agree that GISD will reverse any payment made to my account in error. I authorize GISD to take any necessary action solely for the purpose of accomplishing any error reversal.

TYPE OF ACCOUNT (choose only one)

CHECKING

SAVINGS

ABA ROUTING NUMBER _____

ACCOUNT NUMBER _____

INSTITUTION NAME _____

2. CANCELLATION OF DIRECT DEPOSIT

I hereby cancel my prior authorization for direct deposit on my vendor payment. I understand that termination of such authorization may take up to 15 District business days from receipt.

3. CHANGE OF FINANCIAL INSTITUTION OR ACCOUNT NUMBER OR ABA BANK ROUTING NUMBER
(attach a current bank account verification letter - required)

TYPE OF ACCOUNT (choose only one)

CHECKING

SAVINGS

ABA ROUTING NUMBER _____

ACCOUNT NUMBER _____

FINANCIAL INSTITUTION NAME _____



Mail completed form and bank account verification letter to: Garland ISD, P.O. Box 461228, Garland, TX 75046
or E-mail documents to: Finance@garlandisd.net

Prior to updating the vendor profile, the District will require verbal confirmation of the banking information using the contact number listed in the District's iSupplier system.

01/16/2026