

EAST PENN SCHOOL DISTRICT

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Employee Name: _____ Telephone: (____) _____

I request that my net pay be deposited into the following account(s):

	Name of Financial Institution	Address of Financial Institution	Transit Routing (ABA) Number	Employee Account Number	Type of Account – Checking or Savings	Dollar or Percent Amount to be Deposited (\$ or %)
1					<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
2					<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Note: If your bank has been a part of a recent merger, please check with your bank for the correct Transit Routing (ABA) Number and Account Number.

Attach voided check or savings account deposit slip here.

I hereby authorize the direct deposit of my net pay by East Penn School District in the account and financial institution indicated above. Such direct deposit will be made on each succeeding payday that I am scheduled for pay, unless I choose to terminate this agreement in writing with the East Penn School District. Any such notification to the East Penn School District shall become effective following receipt in the Payroll Department, after a reasonable opportunity to act on it.

In the event that the East Penn School District deposits funds erroneously into my account, I authorize the East Penn School District to debit my account for an amount not to exceed the original amount of the credit.

Signature

Date