

INITIAL AUTHORIZATION

CHANGE OF AUTHORIZATION

DIRECT DEPOSIT AUTHORIZATION

NAME _____ Employee ID # _____

I hereby authorize Pennsbury School District to initiate credit entries (and if necessary, debit entries and adjustments for any credit entries made in error) to my account indicated below and the bank depository indicated below.

Bank Depository Name _____

City _____ State _____ Zip _____
(Address of the Depository's main office. Contact your local branch for information)

Type of Account: Checking or Savings
(Please check one)

Bank Transit No. _____ Personal Account No. _____
(Contact local branch for above numbers)

This authorization will remain in effect until Pennsbury School District receives written notification to terminate or change the authorization during regular employment.

Signature _____ Date _____

Building Assignment _____

RETURN **BOTH** COPIES OF THIS FORM TO THE SUPERVISOR, PAYROLL SERVICES. ONE COPY WILL BE RETURNED TO YOU NOTIFYING YOU WHEN YOU CAN EXPECT YOUR FIRST PAY TO BE DIRECTLY DEPOSITED.

DO NOT WRITE BELOW THIS LINE

We have received your authorization for direct deposit. All direct deposit authorization information must first be verified with the bank to establish a valid account. A pre-notification to establish validity of the information will be processed on _____. Your first pay that will be directly deposited will be _____ unless otherwise notified.

White - Payroll File
Yellow - Employee

COMPLETED BY _____ DATE _____