

AUTHORIZATION AGREEMENT FOR EMPLOYEE DIRECT DEPOSIT OF PAYROLL

To enroll in Full Service Direct Deposit, simply fill out this form and **provide a copy or voided check for each checking account**. If you are depositing into a savings account, provide the deposit slip. **Payroll must receive this form 7 business days prior to the effective pay day.**

Important! Please read and sign before completing and submitting.

I hereby authorize Centerville-Abington Community School to deposit any amounts owed me by initiating credit entries to my account(s) at the financial institution(s) indicated on this form. In the event that Centerville-Abington Community School deposits funds erroneously in my account, I authorize Centerville-Abington Community School to debit my account for any amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until the Centerville-Abington Community Schools has received written notification from me of its termination in such time and in such manner as to afford Centerville-Abington Community Schools a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE

Email Address

DATE

Social Security Number

Account Information: Make sure to indicate what type of account, along with the amount to be deposited if less than your total net paycheck. Multiple deposits are available by filling out each section below to total your net amount.

Bank or Credit Union Name/City/Phone Number

Routing/Transit Number

_____ Checking _____ Savings

Account Number

_____ I wish to deposit only \$ _____ of my net amount into the above account.
Initial

_____ I wish to deposit my entire net amount into the above account.
Initial

Bank or Credit Union Name/City/Phone Number

Routing/Transit Number

_____ Checking _____ Savings

Account Number

_____ I wish to deposit only \$ _____ of my net amount into the above account.
Initial

_____ I wish to deposit my entire net amount into the above account.
Initial

Bank or Credit Union Name/City/Phone Number

Routing/Transit Number

_____ Checking _____ Savings

Account Number

_____ I wish to deposit only \$ _____ of my net amount into the above account.
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_____ I wish to deposit my entire net amount into the above account.
Initial