South Williamsport Area School District

Authorization Agreement for Direct Deposits (ACH Credits)

I hereby authorize the South Williamsport Area School District, hereinafter called COMPANY, to initiate credit entries to my account. Indicated below at the depository financial institution named below, hereinafter call DEPOSITORY, and to credit the same to such account.

I acknowledge that the origination of ACH transaction to my account must comply with the provisions of US law.

Please attach voided checks or deposit tickets related to each account listed below.

Depository Name:

Type of Account (Checking or Savings):

Routing #: Acct #:

Amount to Deposit:

Depository Name:

Type of Account (Checking or Savings):

Routing #: Acct #:

Amount to Deposit: Remaining balance of paycheck

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

Name: SS #:

Signature: Date:

NOTE: All written credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.