

DIRECT DEPOSIT FORM

This is an authorization agreement for automatic deposits (ACH Credits).

Company/Employer Name SOUTH WILLIAMSPORT AREA SCHOOL DISTRICT
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I authorize the above named Company/Employer and the financial institution listed below to electronically deposit my net pay to the specified account each payday:

- Checking Account
- Savings Account

Bank Name	Routing Number	Account Number

If monies to which I am not entitled are deposited in my account, I authorize my Company/Employer to direct the financial institution to return said funds.

This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing or upon termination of my employment with said Company/Employer.

Print Name	Social Security Number
Signature	Date

Attach a voided check here: