

FREEDOM AREA SCHOOL DISTRICT

Payroll ACH/Direct Deposit Authorization Agreement

(Print this form and return to the payroll office.)

I hereby authorize my employers, FREEDOM AREA SCHOOL DISTRICT, hereinafter called, DISTRICT to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the financial institution named below to credit and debit the same entries to such account.

NEW

CHANGE

STOP

Financial Institution _____

City _____

Transit Routing # _____

Please attach a voided check.

Type of Account Checking
 Savings

Account # _____

Deposit \$ ALL

This Authority is to remain in full force and effect until the DISTRICT has received written notification from me on its termination in such time and in such manner as to afford the DISTRICT a reasonable time to act on it.

Employee Name: (print) _____

Employee Signature: _____

Your direct deposit funds may not be deposited the same day you receive your receipt of deposit. Because of electronic transfer, time of deposit varies by financial institution. You may wish to contact your financial institution to verify the deposit if you have any concerns.

For District Use Only

Date Received: _____ Date Entered: _____

Date of Change: _____ Reason: _____