PETERS TOWNSHIP SCHOOL DISTRICT
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(CREDITS)

I hereby authorize__**Peters Township School District**_____(hereinafter COMPANY) to Deposit any amounts owed to me by initiating credit entries to my account at the Financial Institution (hereinafter BANK) indicated below. Further, I authorize the BANK to accept and to credit any credit entries initiated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the Credit.

BANK NAME _____
CITY: _____ STATE: _____
PHONE NUMBER: _____

EMPLOYEE BANK ACCOUNT NUMBER

_____ **CHECKING** A/C# _____ Full Net Amount _____
ROUTING/ABA# _____ Fixed Dollar Amt _____

_____ **SAVINGS** A/C# _____ Full Net Amount _____
ROUTING/ABA# _____ Fixed Dollar Amt _____

This authorization is to remain in full force and effect until COMPANY and/or BANK Has received written notice from me of its termination in such time and in such manner as to afford COMPANY and/or BANK a reasonable opportunity to act on it.

_____ _____
Employee's Name (please print) Employee's Social Security Number

_____ _____
Signature Date

PLEASE ATTACH A VOIDED CHECK TO THIS APPLICATION OR FOR SAVINGS ACCOUNTS PLEASE ATTACH A DEPOSIT SLIP

ATTN: Any Direct Deposit change usually takes at least one pay cycle to become effective. Please look carefully at your check and/or voucher. It May Be "LIVE"