

# FREEDOM AREA SCHOOL DISTRICT

## Direct Deposit Sign-Up Form

### Account Information

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Bank \_\_\_\_\_

Account Type: Checking \_\_\_\_\_ Savings \_\_\_\_\_

Routing # \_\_\_\_\_ Acct.# \_\_\_\_\_

### ***Attach a voided check and return to the Payroll Department***

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my account. In 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 erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank Reasonable opportunity to act on it.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_