

DIRECT DEPOSIT AUTHORIZATION FORM

Great Valley School District

47 Church Road

Malvern, PA 19355

610-889-2125

Attn: PAYROLL – Payroll Extension 52139

NEW

CHANGE

EMPLOYEE INFORMATION:

Name (Please Print) _____

Social Security Number _____

Home Phone Number _____

Work Phone Number _____

Building _____

BANKING INFORMATION (Financial Organization)

Bank Name _____

Address _____

City/State/Zip _____

Phone Number _____

ABA Routing/Transit# - - - - -

CHECKING - Net (entire check)
Account Number: _____

SAVINGS - Net (entire check)
Account Number: _____

CHECKING - Specific amount only: \$ _____
Account Number: _____

SAVINGS - Specific amount only \$ _____
Account Number: _____

AGREEMENT/AUTHORIZATION

I _____ hereby authorize Great Valley School District, to initiate credit entries to the account indicated above and the Financial Organization named above, hereinafter called Receiving Bank to credit the same to such account. Charges to said account initiated by Great Valley School District may only be made to reverse credit amounts erroneously posted. This authorization is to remain in full force and effect until Great Valley School District has received written notification from me of its termination in such time and in such manner as to afford Great Valley School District and Bank a reasonable opportunity to act on it.

Authorized Signature

Date

*******A VOIDED CHECK OR A COPY MUST BE ATTACHED*******