



## CORRY AREA SCHOOL DISTRICT

CENTRAL ADMINISTRATION – PAYROLL OFFICE

540 East Pleasant Street, Corry, PA 16407-2246

(814) 664-4677 • Fax (814) 664-9645

<http://www.corrysd.net>

# DIRECT DEPOSIT AUTHORIZATION

Direct deposit is **REQUIRED** for all full-time employees. Please complete this form and return it to the Payroll Office by the Wednesday (a week BEFORE) you wish this deposit to be effective. Up to three deposits options are allowed to disburse your net pay. Please attach a **VOIDED** check if possible.

Employee Name (PRINTED): \_\_\_\_\_

### Bank #1

Transit Routing Number (9 Digits) \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

#### Type of Account

Checking  Savings

Account # \_\_\_\_\_

\$ Amount \_\_\_\_\_

### Bank #2

Transit Routing Number (9 Digits) \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

#### Type of Account

Checking  Savings

Account # \_\_\_\_\_

\$ Amount \_\_\_\_\_

### Bank #3

Transit Routing Number (9 Digits) \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

#### Type of Account

Checking  Savings

Account # \_\_\_\_\_

\$ Amount \_\_\_\_\_

I hereby authorize the direct deposit of my net pay by my employer in the account/accounts and financial institution/institutions indicated above. Such direct deposit will be made on each succeeding payday, unless I choose to terminate this agreement in writing to my employer. Any such notifications shall become effective following receipt after a reasonable opportunity to act on it.

In the event that my employer deposits funds erroneously into my account/accounts, I authorize my employer to debit my account/accounts for an amount not to exceed the original amount of the credit.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Payroll Office Use Only

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Date Entered: \_\_\_\_\_