

Colonial Intermediate Unit 20

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

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 below. I authorize Bank to accept and to credit any credit entries indicated 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 erroneous credit.

**FOR DIRECT DEPOSIT OF YOUR NET CHECK**

**DO NO COMPLETE THIS SECTION IF YOU CURRENTLY HAVE DIRECT DEPOSIT OF YOUR NET CHECK AND ARE ONLY ADDING A 2<sup>ND</sup> ACCOUNT FOR A DIRECT DEPOSIT DEDUCTION**

NAME OF BANK \_\_\_\_\_  
In what state did you open your account? \_\_\_\_\_

TRANSIT ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

TYPE OF ACCOUNT  CHECKING  SAVINGS

**FOR DIRECT DEPOSIT DEDUCTION TO A SECOND BANK-OPTIONAL**

NAME OF BANK \_\_\_\_\_  
In what state did you open your account? \_\_\_\_\_

TRANSIT ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

TYPE OF ACCOUNT  CHECKING  SAVINGS

AMOUNT FOR THIS DEDUCTION \_\_\_\_\_

This authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company and the Bank a reasonable opportunity to act on it and in no event shall a termination notice be effective with respect to entries processed by the Company or the Bank prior to its receipt.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE NOTE: Processing of this form takes approximately one payroll cycle. Refer to the Staff Information Booklet for complete details.**

***PLEASE ATTACH A VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP***