

SCHOOL DISTRICT OF SPRINGFIELD TOWNSHIP
Oreland, Pennsylvania

I hereby authorize the School District of Springfield Township to initiate electronic transactions to my account at the financial institution indicated below. I understand that this authorization applies to both credits (deposits) authorized herein and debits (withdrawals) required to correct overpayment which has previously been deposited to which I am not entitled.

This authority is to remain in force until the School District of Springfield Township has received written notice of my intention to revise or rescind this election and has been given a reasonable opportunity to act on my request.

I request that 100% of my NET PAY be credited to the account listed below.

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DIRECT DEPOSIT OF NET PAY

Some institutions may use more digits for electronic processing than those that appear in your account number. Therefore, all employees are requested to telephone their banking institutions to obtain the correct information for electronic (ACH) processing.

If you are using a Money Market account, please verify your account status for ACH purposes as either a Checking account or a Savings account.

**PNC Bank requires a test run of all account numbers prior to implementation.
Please call Payroll to find out when your test run will occur.**

If you currently have direct deposit but are changing your bank or account number, you are subject to an account number test run and will receive a PAYCHECK during the test run period. Please call Payroll to find out the anticipated pay period date for the test run of your account number.

TYPE OF ACCOUNT: (please circle one)

CHECKING SAVINGS MONEY MARKET CHECKING MONEY MARKET SAVINGS

INSTITUTION: (PLEASE PRINT) _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NUMBER: _____ (NINE DIGITS)

ACCOUNT NUMBER: _____

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YOU MUST PROVIDE A VOIDED CHECK. ALL INFORMATION MUST BE FILLED IN.
AN INCOMPLETE FORM WILL BE RETURNED TO YOU FOR CORRECTION, THUS POSSIBLY DELAYING YOUR DIRECT DEPOSIT FOR ANOTHER PAYROLL CYCLE.

BUILDING: _____ SOC. SEC. NO: _____

NAME: (please print) _____

SIGNED: _____ DATE: _____