



PENNCREST School District Direct Deposit Form

I request that my net pay be deposited at:

Name of Financial Institution: _____

Address: _____

Transit Routing Number: _____

Deposit to Account Number: _____

Checking: _____

Savings: _____

I hereby authorize the direct deposit of my net pay by my employer in the financial institution and account shown above. I understand that, dependent upon the date of this application and subsequent processing, it may require up to three pay periods for this request to take effect.

The direct deposit will be made on each subsequent payday, after the initial notification is accepted by the financial institution, unless I choose to amend this agreement in writing to my employer. Any such notification to my employer shall become effective as soon as possible following receipt of such notification.

I understand PENNCREST School District will abide by National Automated Clearing House Association ("NACHA") operating rules governing electronic transactions.

Employee Name (printed): _____

Employee Signature: _____

Date: _____