



SOUTHERN FULTON SCHOOL DISTRICT

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Warfordsburg, PA 17267
District Office Phone (717) 294-2203
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TARA WILL
Superintendent

L. ALLEN MORTON
Board President

DIRECT DEPOSIT ENROLLMENT FORM

Name: _____

Address: _____

Name of Bank: _____ Bank Account Number: _____

Routing Number _____

I authorize the payroll office of Southern Fulton School District to deposit my paycheck into the bank and account number listed above.

Signature: _____ Date: _____

I have enclosed the following:

_____ Blank check with void written on it

_____ This enrollment form.

I would like to receive my pay stub in the following form:

_____ Paper

_____ E-mail address _____ (may use school or home address)