

KEYSTONE CENTRAL SCHOOL DISTRICT

AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSITS

I hereby authorize Keystone Central School District (KCS D) to initiate automatic deposits to my account at the financial institution(s) named and outlined below.

PRIMARY ACCOUNT

Checking Savings Account

Name of Financial Institution: _____

Routing Number: _____ Account Number: _____

Note: Direct deposits for payroll and expense reimbursements will be made to the above account unless otherwise indicated below.

PRIMARY ACCOUNT (for Expense Reimbursements if different than above)

Checking Savings Account

Name of Financial Institution: _____

Routing Number: _____ Account Number: _____

Please attach voided check here

*****I agree not to hold KCS D responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This authority is to remain in full force until KCS D has received written notification from me of its termination in such time and in such manner as to afford the KCS D a reasonable opportunity to act on it.*****

Name (Please Print) _____

Signed _____ Date _____

Keystone Central School District
86 Administration Drive
Mill Hall, PA 17751
Payroll Telephone Number 570-893-4900 ext. 2315
Accounts Payable Telephone Number 570-893-4900 ext. 2317
Fax 570-893-4923
www.kcsd.k12.pa.us