

DIRECT DEPOSIT AUTHORIZATION FORM

Upper Merion Area School District

435 Crossfield Rd, King of Prussia, PA, 19406

Name on Account: _____

Name of Bank: _____

9-Digit Routing #: _____

Account #: _____

Circle one: CHECKING OR SAVINGS

(if more than 1 account fill-in below)

Name on Account: _____

Name of Bank: _____

9-Digit Routing #: _____

Account #: _____

Amount: \$_____ or _____ %

Circle one: CHECKING OR SAVINGS

I hereby authorize Upper Merion Area School District 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 previously deposited to which I am not entitled.

Signature _____

Please email to kknier@umasd.org or send through interoffice to the Admin Building;
Attention: Kelly Knier, Payroll Manager