



Business Office
435 Stanley Avenue Chambersburg, PA 17201
(717) 261-9281 Fax (717) 261-3321

Authorization Agreement for Direct Deposit

I hereby authorize the **Chambersburg Area School District**, hereinafter called company, to initiate credit entries and to initiate, if necessary, debit entries and/or adjustment in error entries to the checking or savings account indicated below and the financial institution named below, hereinafter called depository, to credit and/or debit the same to such account.

Depository (financial institution you want your pay deposited to)

Financial Institution Name _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

Account Type (check one) Checking _____ Savings _____

A Voided Check Must Be Attached

This authority is to remain in full force and effect until company has received written notification from me of its termination in such time and in such manner as to afford company and depository a reasonable opportunity to act on it.

Name _____ SS # _____
(Please Print)

Signed _____ Date _____

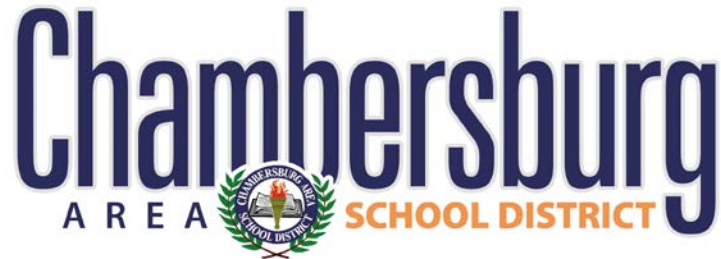
Please return form to the CASD Administrative Office to be forwarded to the Business Office.

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For District Use

Payroll: Received By _____ Date _____

Business Office: Rec'd By _____ Date _____



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Direct Deposit Change Acknowledgement

Please be advised, when submitting a new direct deposit form due to change in bank or account number you will receive a **live** paycheck before the direct deposit becomes effective in your new bank or account number. This process may take two (2) or more pay periods to complete. Check your pay statements carefully to make sure you don't discard your paycheck.

I have read the memo concerning the direct deposit procedures when changing my direct deposit location or account number and understand that I will receive a **live** paycheck in the interim.

Name _____ Date _____