Catasauqua Area School District
Authorization Agreement for Direct Deposit

Employee Name: _____ Social Security #: _____

I hereby authorize the Catasauqua Area School District to initiate credit entries and, if necessary, to initiate debit entries and adjustments for any credit entries in error in my (our) checking and/or savings account as indicated below and the depository named below and/or debit the same to such account.

I understand that it is district policy that all employees must receive direct deposit for payroll checks.

Banking Institution: Name: _____

ABA#: _____

Account Type – please check only one

____ Checking ____ Savings

Account Number: _____ (attach voided check or letter from bank)

This authorization is to remain in full force and effect until the Catasauqua Area School District receives another authorization agreement from me modifying this authority in such time and manner as to afford Depository a reasonable opportunity to comply.

____ New Authorization ____ Modify Existing Authorization

***Please note: All new and modified direct deposits will be prenoted and confirmed by the receiving bank and a manual check will be issued during the pre-note process. Unless problems arise in the pre-note process, the next paycheck will be electronically deposited.**

If I do not provide direct deposit information, I understand that I must arrange a time to pick up my check between the hours of 8am and 3pm Monday through Thursday at the administration office. I will be required to show photo ID to receive my check.

I understand that I am responsible for providing the Catasauqua Area School District with any bank institution, ABA number or account number changes. I also understand that any changes ***MUST BE TO THE PAYROLL DEPARTMENT AT LEAST 7 BUSINESS DAYS PRIOR TO THE PAY DATE***. In the event of a returned direct deposit, a manual paycheck that needs to be cashed or deposited will be issued to me no later than 3 business days after the return to the Catasauqua Area School District payroll account.

Signature:_____ Date: _____