**SCHOOL DISTRICT OF SPRINGFIELD TOWNSHIP**

I hereby authorize the School District of Springfield Township 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 overpayments which has previously been deposited to which I am not entitled.

This authority is to remain in force until the School District of Springfield Township has received written notice of my intention to revise or rescind this election and has been given a reasonable opportunity to act on my request.

This form is electing that 100% of your net pay will be deposited to the account below.

If you would like to request a specific amount of money to be put into a 2nd separate account, you may do so. To do this, please submit a 2nd form and note the specified dollar amount requested.

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DIRECT DEPOSIT

Some institutions may use more digits for electronic processing than those that appear in your account number. Therefore, all employees are requested to telephone their banking institutions to obtain the correct information for electronic (ACH) processing.

**If you currently have direct deposit but are changing your bank or account number, you are potentially subject to an account number test run and will received a paper check during the test run period. Please contact Payroll to find out the anticipated pay period date for your test run of your account number.**

TYPE OF ACCOUNT: (please select one)

☐ CHECKING ☐ SAVINGS

INSTITUTION: _____

TRANSIT/ABA NUMBER: _____ (NINE DIGITS)

ACCOUNT NUMBER: _____

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**ALL INFORMATION MUST BE FILLED IN.**

AN INCOMPLETE FORM WILL BE RETURNED TO YOU FOR CORRECTION, THUS POSSIBLY DELAYING YOUR DIRECT DEPOSIT FOR ANOTHER PAYROLL CYCLE.

NAME: _____

SIGNATURE: _____ DATE: _____