

PAYROLL DIRECT DEPOSIT

Credit Authorization

I hereby authorize Pottsville School District hereinafter called COMPANY, to initiate credit entries to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. *I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U. S. law.*

_____ (Financial Institution Name) _____ (City / State)

Type of Acct: ____ Checking ____ Savings

_____ (Routing Number) _____ (Account Number)

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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____ (Print Name) _____ (Signature)

_____ (Social Security Number) _____ (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM:

Notes:

- The underlined italicized language in the authorization above represents the disclosure requirement associated with the clarification of OFAC economic sanction policies upon ACH Network Participants.
- Authorization forms will be accepted at the beginning of each school term. I understand this authorization is **irrevocable** until the next school term.