

AUTHORIZATION AGREEMENT FOR ELECTRONIC TRANSFER OF FUNDS

PENN-TRAFFORD SCHOOL DISTRICT
P.O. BOX 530
ADMINISTRATION BUILDING
HARRISON CITY, PA 15636

I hereby authorize and request Penn-Trafford School District to make payment of any amounts due me to be directly deposited into my account as indicated below. This shall stay in effect until I notify PTSD otherwise, or until my financial institute notifies me of any change that might occur. It is also understood that I may terminate this agreement at any time by WRITTEN request to PTSD. Any such notification to PTSD shall be effective only with respect to entries initiated by PTSD after receipt of such written notification and reasonable opportunity to act on it.

Bank Name Branch

Bank Address City State/ZIP

ABA/TRANSIT ROUTING NO. Employee's Account Number

Please check one of the following: Checking Account Savings Account

An employee's VOIDED Check MUST accompany this authorization request.

Employee's Name (Please Print) Work Location

Signature Date