

SCHOOL DISTRICT OF PHILADELPHIA

PAYROLL DEPARTMENT

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

- () NEW ACCOUNT
- () CHANGE (if current account has been closed notify Payroll Department immediately)

NAME

SOCIAL SECURITY NUMBER

NAME AND ADDRESS OF FINANCIAL INSTITUTION

CHECKING SAVINGS
TYPE OF ACCOUNT (Check one)

<u>TRANSIT ROUTING NUMBER</u> (Nine-digit number in lower left corner of check) (If savings account, verify this number with bank)	<u>ACCOUNT NUMBER</u>
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I hereby authorize **THE SCHOOL DISTRICT OF PHILADELPHIA** to credit my account at the financial institution indicated above. In the event that my account is credited with an erroneous payment, I authorize the reversal of the erroneous payment, or the recovery of the erroneous payment from any funds remaining in my account, or the recovery of the erroneous payment from future compensation.

SIGNATURE

DATE

Payroll Fax# 215 400 4491

PLEASE ATTACH A VOIDED CHECK FOR CHECKING ACCOUNT OR A DEPOSIT TICKET FOR SAVINGS ACCOUNT.

BANKING REGULATIONS REQUIRE APPROXIMATELY FOUR (4) WEEKS BEFORE "DIRECT DEPOSIT" CAN BECOME EFFECTIVE.