

**SCHOOL DISTRICT OF PHILADELPHIA**

**PAYROLL DEPARTMENT**

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

**NEW ACCOUNT – YOUR PAYCHECK WILL BE MAILED TO YOUR HOME UNTIL DIRECT DEPOSIT TAKES EFFECT.**

**CHANGE – IF YOU MAKE A CHANGE TO YOUR DIRECT DEPOSIT, YOU WILL RECEIVE A LIVE CHECK UNTIL THE CHANGE TAKES EFFECT.**  
If current account has been closed, please notify Payroll immediately.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
EMPLOYEE ID

\_\_\_\_\_  
NAME OF FINANCIAL INSTITUTION

CHECKING                      SAVINGS  
TYPE OF ACCOUNT (check one)

**ATTACH A VOIDED CHECK OR DOCUMENT THAT VERIFIES YOUR TRANSIT ROUTING AND ACCOUNT NUMBER**

<b>TRANSIT ROUTING NUMBER</b> (Nine-digit number in lower left corner of check) (If savings account, verify this number with bank)	<b>ACCOUNT NUMBER</b>
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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**