

# READING SCHOOL DISTRICT

## DIRECT DEPOSIT AUTHORIZATION FORM

- Initial Authorization     Change of Financial Institution     Cancel Direct Deposit  
 Change of Account Number

I hereby authorize the Reading School District, to deposit my bi-weekly pay into the account(s) at the Financial Institutions specified below. I authorize that such account(s) exist and that the financial institution(s) can make deposits without responsibility for correctness of such amounts. Charges to such account(s) may only be made to reverse deposit amounts erroneously posted. I understand that in the event of errors on the part of the financial institution, my employer will not issue checks on demand and that I must resolve the situation with the financial institution. This authorization will remain in effect until I give cancellation to terminate this authorization to my employer in a sufficient time and manner as to allow my employer to act upon it. In addition, either my employer or the financial institution(s) can terminate this agreement by providing me with their written notice at least 10 days prior to actual termination or upon my verbal or written notice of termination of employment all following paychecks will not be direct deposit. I understand that my total net pay will be deposited and that any changes in financial institutions and/or accounts must be made using this form and submitted to the Payroll Department. I have provided my employer with a copy of a voided check and/or a document from my financial institution for the purposes of verifying my account number and the financial institution(s) routing number.

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PLEASE PRINT THE FOLLOWING INFORMATION

Name: \_\_\_\_\_

SS#: \_\_\_\_\_ School Location: \_\_\_\_\_

You may choose two Account(s) to deposit into. Please complete the following information for the account(s) you have selected to receive direct deposit of your pay. If you choose to split your direct deposit, it can be listed as a percent or an amount.

**THIS FORM WILL VOID ALL PREVIOUSLY COMPLETED DIRECT DEPOSIT REQUESTS.**

Name of Financial Institution: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type (please circle):    Checking    Savings    Percent/Amount: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type (please circle):    Checking    Savings    Percent/Amount: \_\_\_\_\_

Please allow two pay periods for the request to take effect.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_