

Direct Deposit (ACH Credits) Authorization

Employer Name: Hermitage School District

Address: 411 N. Hermitage Road Hermitage, PA 16148

Phone: (724) 981-8750 ext. 6204

Effective immediately, I authorize and direct Hermitage School District Payroll to establish Direct Deposit to my account indicated below by initialing credit entries to the account*. This authorization is to remain in effect until written notice of termination is received from me. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

*Direct Deposit to previously specified accounts should be discontinued

Financial Information

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Select One: Checking OR Savings Amount or Percent: _____

Account Number: _____ Routing Number: _____

Employee Information

Name: _____

Signature: _____ Date: _____

PLEASE ATTACH VOIDED CHECK HERE