

# **DIRECT DEPOSIT AUTHORIZATION FORM**

I hereby authorize Northumberland County Career and Technology Center and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries made in error to my account type listed below for each pay period. This authority will remain in effect until I have cancelled it in writing at least two pay periods prior to revocation, allowing sufficient time for Northumberland County Career and Technology Center to act upon my request.

Please choose one of the following:

\_\_\_\_\_ Checking Account                      \_\_\_\_\_ Savings Account

Financial Institution: \_\_\_\_\_

Bank Routing (9 Digit ABA) Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount: \_\_\_\_\_

\_\_\_\_\_ Checking Account                      \_\_\_\_\_ Savings Account

Financial Institution: \_\_\_\_\_

Bank Routing (9 Digit ABA) Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Employee's Printed Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

The above-designated receiving financial institution will receive and deposit sums for the above named payee in accordance with NACHA (National Automated Clearing House Association) rules and guidelines. The financial institution reserves the right to cancel this agreement by notice to the payee.

**PLEASE RETURN THIS FORM TO THE PAYROLL DEPARTMENT**