Montoursville Area School District
50 North Arch Street
Montoursville, PA 17754

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

I (We) hereby authorize Montoursville Area School District, hereinafter called COMPANY, to initiate credit entities to my (our) bank account(s) indicated below and the depository names below hereinafter called DEPOSITORY, to credit the same to such account(s).

DEPOSITORY NAME: _____ REMAINS THE SAME AS ON FILE

BANK TRANSIST / ABA NUMBER: _____

BANK ACCOUNT NUMBER: _____

CHECK ONE: CHECKING _____ SAVINGS _____

BANK NUMBER TWO IF APPLICABLE:

DEPOSITORY NAME: WILLIAMSPORT TEACHERS CREDIT UNION
BANK TRANSIST / ABA NUMBER: 231387039

BANK ACCOUNT NUMBER: _____

CHECK ONE: CHECKING _____ SAVINGS X
INDICATE SPECIFIC AMOUNT OR PERCENTAGE TO BE DEPOSITED:

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

ACCOUNT IN THE NAMES OF: PLEASE PRINT CLEARLY

_____ SS# _____

_____ SS# _____

SIGNATURE: _____ DATE: _____

Attach a voided check or photo copy of a check to this form and return to the payroll department.

**The first pa following receipt by the payroll department of this request will be a trial run for your deposit. You will receive your net pay in the form of a paycheck. If the information is correct, your direct deposit will begin on the following pay period.

Revised 9/15/16