



PENN-HARRIS-MADISON SCHOOL CORPORATION

DIRECT DEPOSIT AUTHORIZATION FORM

I HEREBY AUTHORIZE PENN-HARRIS-MADISON SCHOOL CORPORATION to initiate credit entries and to initiate, if necessary, debit entries for any credit entries made in error to my account, and the Depository Institution to credit and/or debit the same to such account. I understand and agree that should the direct deposit be returned to Penn-Harris-Madison School Corporation through no fault of the school corporation, payment to me will be delayed until the school corporation can verify receipt of returned payment (up to 5 days).

EMPLOYEE FULL NAME: _____ SS#: _____

SCHOOL: _____ POSITION: _____

BANKING INSTITUTION NAME: _____

INSTITUTION'S TRANSIT/ABA #: _____
(Can get from your bank)

EMPLOYEE BANK ACCOUNT #: _____

Check ONE Account ONLY

Checking -(Must attach a voided check) Savings

EFFECTIVE PAY DATE: _____ (Payroll must receive no later than 7 days prior to pay date requested)

This authority is to remain in full force and effect until Penn-Harris-Madison Schools has received written notification from me of its termination and new account information in such time and manner as to afford Penn-Harris-Madison Schools and the depository institution a reasonable opportunity to act on it.

Date

Employee Signature

Payroll fax #: 574-258-9573

FOR PAYROLL USE ONLY:

Entered By: _____

Date Received: _____

Effective Pay Date: _____