

# 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 #: \_\_\_\_\_

EMPLOYEE BANK ACCOUNT #: \_\_\_\_\_

### **Check ONE Account ONLY**

Checking	<input type="checkbox"/>	(Must attach a voided check <u>or</u> standard direct deposit form from your bank)
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Savings	<input type="checkbox"/>	(Must attach a standard direct deposit form from your bank)
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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: \_\_\_\_\_