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 named below hereinafter called DEPOSITORY, to credit the same to such account(s).

DEPOSITORY N	AME:		
BANK TRANSIST / ABA NUMBER:			
BANK ACCOUNT NUMBER:			
CHECK ONE:	CHECKING	SAVINGS	
BANK NUMBER TWO IF APPLICABLE:			
DEPOSITORY NAME:			
BANK TRANSIST / ABA NUMBER:			
BANK ACCOUN	T NUMBER:		
CHECK ONE:	CHECKING	SAVINGS	
INDICIATE SPECIFIC AMOUNT OR PERCENTAGE TO BE DEPOSITED:			
(IF APPLICABLE): Williamsport Teachers Credit Union			
BANK TRANSIST: 231387039			
BANK ACCOUNT NUMBER:			
INDICIATE SPEC	CIFIC AMOUNT:		
me (or either o		ffect until COMPANY has received written notification fraction to time and in such manner as to afford COMPNAY a	rom
ACCOUNT IN TH	HE NAMES OF: PLEASE PRIN	IT 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 pay following receipt by the payroll department of this request will be a trail 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.