

Lebanon School District
1000 South 8th Street
Lebanon PA 17042
(717) 273-9391

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM
(COMPLETE THE ENTIRE FORM)

Last Name _____ First Name _____ Middle Initial _____

Home Address _____

City _____ State _____ Zip Code _____

Social Security Number _____ Area Code/Telephone Number _____

Payee Agreement: I hereby authorize and request the Lebanon School District to direct the net amount of my biweekly payroll to my account indicated at the financial institution designated. This includes my authorization to you to reverse entries made in error. This authorization will remain in effect until I give written notice of its termination to Lebanon School District in such time and in such manner as to allow the district a reasonable opportunity to act upon it.

TYPE OF AUTHORIZATION: **New** **Change** **Cancellation**

Account Type:

Checking

Savings

Financial Institution _____

Bank Branch _____

Bank's City & State _____

Routing # _____ Account # _____

% of Net Pay _____ or \$ Fixed Amount _____

Account Type:

Checking

Savings

Financial Institution _____

Bank Branch _____

Bank's City & State _____

Routing # _____ Account # _____

% of Net Pay _____ or \$ Fixed Amount _____

Employee Signature

Date Signed

Please take this form to your financial institution to be filled out or for a checking account you may attach a voided check.