

Purchase Line School District
16559 Rte 286 Hwy East
Commodore, PA 15729

Authorization Agreement for Automatic Direct Deposit

I, hereby authorize the **PURCHASE LINE SCHOOL DISTRICT** to initiate credit entries and, if necessary, any adjustments needed to correct entries made in error, to account(s) indicated below, and the financial institution named below, hereinafter called **FINANCIAL INSTITUTION**, to credit and/or debit the same to such account(s). I acknowledge that the origination of the ACH transactions to my account must comply with the provision of the U.S. Laws and Regulations including the Sanction Laws administered by the Office of Foreign Asset Control.

This authorization is to remain in full force and effect until **PURCHASE LINE SCHOOL DISTRICT** receives written notification from me of its change or termination in such time and in such a manner as to afford **PURCHASE LINE SCHOOL DISTRICT** a reasonable opportunity to act on it.

Employee Full Name (please print)

Signature (required) _____ Date

Financial Institution Information

Financial Institution Name _____

City _____ State _____ Zip _____

Transit/Routing/ABA Number: _____

Account Number: _____

Select Account Type and: Checking \$ _____ Savings \$ _____
Net Check or Fixed Amount Net Check or Fixed Amount

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM AND RETURN TO THE
PURCHASE LINE BUSINESS OFFICE**

Do not write below this line – Office use only

Date Received: _____

Pre- Note Submission Date _____ Live Deposit Date _____