

# Lancaster County Public Schools

*"Learning Today, Leading Tomorrow"*

## Direct Deposit Agreement Form

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### Authorization Agreement

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I hereby authorize Lancaster County Public Schools to initiate automatic deposits to my account at the financial institution named below. I also authorize Lancaster County Public Schools to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Lancaster County Public Schools responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Lancaster County Public Schools receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

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### Account Information

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Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking |  Savings

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### Signature

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Authorized Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please attach a voided check or a letter from your financial institution containing your account number and routing number. The letter must be on your financial institutions letterhead.

Return this form to Deborah Pulliam, Payroll Department.