



Lancaster County Public Schools

*Learning Today...
Leading Tomorrow!*

Direct Deposit Authorization Form

Authorization Agreement

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.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Account Type: Checking ☐ Savings ☐

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 Amanda Molineuax, Payroll Department.

Jessica Davis, Superintendent
Takia Dobyns, Director of Budget & Finance
Kelvin Evans, Director of Human Resources & Equity
John Mann, Director of Operations & Transportation

School Board
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