

**SOUTHERN TIOGA SCHOOL DISTRICT  
 PAYROLL DEPARTMENT  
 BOYANOWSKI ADMINISTRATION BUILDING  
 241 MAIN STREET  
 BLOSSBURG PA 16912  
 (570) 638-2183 EXT. 302  
 E-MAIL: [gvangorden@southerntioga.org](mailto:gvangorden@southerntioga.org)**

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS**

**NAME:** \_\_\_\_\_

**START DATE OF DEPOSIT:** \_\_\_\_\_

**INSTRUCTIONS:** All Southern Tioga School District employees are paid by direct deposit into a bank account(s) of their choice. The authorization, which is provided below, gives STSD and your financial institution(s) authority to deposit your pay into your account(s).

1. Mark the type of account(s) to indicate whether your pay will be deposited into a checking or savings account.
2. Fill in your bank's name, routing number, address, telephone number, account number, and the amount you want deposited into your bank account(s).
3. To make a change to your account information, please complete a new authorization form prior to the effective date of the change and submit it to the Payroll Office of the STSD.
4. Finally, be sure to sign and date the form!

I HEREBY authorize the Southern Tioga School District and the financial institution listed to deposit the amounts indicated of my periodic pay automatically into the following account(s):

BANK #1	BANK #2	BANK #3
BANK'S ROUTING NUMBER	BANK'S ROUTING NUMBER	BANK'S ROUTING NUMBER
ADDRESS	ADDRESS	ADDRESS
TELEPHONE NUMBER	TELEPHONE NUMBER	TELEPHONE NUMBER
CHECKING OR SAVINGS	CHECKING OR SAVINGS	CHECKING OR SAVINGS
ACCOUNT NUMBER	ACCOUNT NUMBER	ACCOUNT NUMBER
AMOUNT	AMOUNT	AMOUNT

I understand that this authorization will be in effect until I am no longer an employee, my employer discontinues direct deposit, or I initiate a change to another account(s) or financial institution(s). I also understand that if corrections in the direct deposit amount are necessary, it may involve an adjustment (credit or debit) to my account.

\_\_\_\_\_  
**EMPLOYEE'S SIGNATURE**

\_\_\_\_\_  
**DATE**