

DASD

Danville Area School District

Janis K. Venna
Business Manager
570-271-3268 ext 1030

Cheryl A. Latorre
Superintendent
570-271-3268 ext 1010

Dawn M. Brookhart
Director of Curriculum, Instruction & Technology
570-271-3268 ext 3890

DIRECT DEPOSIT AGREEMENT FORM

I hereby authorize my employer, listed above, hereinafter called the Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my depository account at the financial institution, herein called Depository, listed below, to credit and/or debit the same to such account.

This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

EMPLOYEE INFORMATION

Name

Social Security Number

Signature

Date

DEPOSITORY AGREEMENT

Financial Institution

ABA Transit Number

Checking or Savings Account

Account Number