

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSIT  
CLAYMONT CITY SCHOOL DISTRICT**

**Check Action Requested:**

Add New User

Change Existing Information

Delete User

I hereby authorize the Claymont City School District hereinafter referred to as **District**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the depository named below, hereinafter called **DEPOSITORY**, to credit the same to such account.

This authority is to remain in effect until revoked by me in writing in such timely manner as to afford the **District** and Financial Institution a reasonable opportunity to act on it or by termination of my employment with my company.

**The total amount deposited to your checking account will be the net amount minus any deposit to your savings as directed below.**

**Checking**

Checking Account Bank Routing #:  
(9 digit number)

Account#:

Financial Institution:

City, State

If you are a member of the  
**Dover-Phila Credit Union**  
you will need to complete a  
new authorization form for  
them in addition to this form.  
(Complete the Checking  
Account section only!)

**Savings**

Savings Account Bank Routing #:  
(9 digit number)

Account #:

Financial Institution (Savings Acct):

City, State:

Specify Amount:

**-For Savings Account -**  
Employee must call Bank to  
verify correct routing numbers  
and account number. These  
numbers must be in writing.

\*\*CAUTION\*\*  
*Savings deposit slip may have  
invalid routing numbers!*

**E-mail Notification:**

*By checking this box, I request that my Direct Deposit be received via e-mail at the following address(s):* \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Signature (Please Print)

\_\_\_\_\_  
Date

**PLEASE REMEMBER IF YOU CHANGE BANKS OR CLOSE THIS ACCOUNT,  
YOU MUST COMPLETE A NEW DIRECT DEPOSIT AGREEMENT.**