

HAZLETON AREA SCHOOL DISTRICT
PAYROLL DEPARTMENT
PAYROLL CHECK DIRECT DEPOSIT AUTHORIZATION
(Electronic Transfer)

PLEASE PRINT CLEARLY:

NAME: _____ Employee ID: _____

- A. Financial Institution Name: _____
Address: _____
Telephone #: _____
- B. Type of Deposit Account: (select only one)
Savings Account _____
Checking Account _____
- C. * Account Number to which your check will be deposited: _____
- D. * ABA# _____

Depositors: **PLEASE MAKE SURE THE ACCOUNT # AND ABA # ARE CORRECT**

Credit Union depositors: Please call the Credit Union office to ensure the account number you are providing is correct.

* Refer to sample below as to where this information can be found.

John Jones Mary A. Jones	Date _____	
Pay to the order of _____	<div style="border:1px solid black; width:60px; height:20px; margin:auto;"></div>	
_____ Dollars		
1 st Savings Bank 123 Main Street Anytown, PA		
_____ ABA#	_____ ACCT#	_____ CK#

Please attach a voided check or deposit ticket if depositing into checking account. If depositing check into your savings account, please contact your bank for the ABA#.

PLEASE NOTE: AFTER YOU AUTHORIZE DIRECT DEPOSIT, THE FIRST PAYCHECK GOES THROUGH A PRE-NOTE PROCESS WITH THE BANK TO VERIFY THE ACCOUNT. (THIS MEANS YOU WILL RECEIVE AN ACTUAL CHECK.) IF YOU PROVIDE INCORRECT INFORMATION ON THIS FORM, THERE MAY BE A FURTHER DELAY AS TO WHEN YOUR CHECK WILL BE CREDITED TO YOUR ACCOUNT.

Provide all the information requested

Date

Signature

Any questions contact:

Michele Boretski, Payroll Supervisor
boretskim@hasdk12.org
570-459-3111 ext. 3110

Karen Diehl, Payroll Specialist
diehlk@hasdk12.org
570-459-3111 ext. 3109