SOUTH MIDDLETON

Administration Office 4 Academy Street, Suite 100 Boiling Springs, PA 17007



SCHOOL DISTRICT

Telephone: 717-258-6484 Facsimile: 717-258-4667

if

www.smsd.us

DIRECT DEPOSIT AUTHORIZATION FORM

New Enrollment	Bank/Account Change	Add additional Bank/Account
NAME (Please Print)	Last Four	(4) digits of your Social Security #
necessary, make any adjustr	ments (debit entries) for any the the financial institutions na	deposit my pay (credit entries) and, if credit entry errors made to the med below. This authorization will
#1 FINANCIAL INSTITUTIO	N:	
BANK ROUTING NUMBER	(9 Digits)	
YOUR ACCOUNT NUMBER	R	
ACCOUNT TYPE (select one	e) CHECKING	SAVINGS
DEPOSIT AMOUNT \$ *TO BE DEPOSITED INT	O THE FIRST FINANCIAL INSTITU	JTION LISTED ABOVE.
#2 FINANCIAL INSTITUTIO	N:	
BANK ROUTING NUMBER	(9 Digits)	
YOUR ACCOUNT NUMBER	R	
ACCOUNT TYPE (select one	e) CHECKING	SAVINGS
REMAINING CHECK BALAN		NTO THE SECOND FINANCIAL
SIGNATURE:		DATE:
Form reviewed 12/10/19		