

TUSCARORA INTERMEDIATE UNIT #11  
2527 US Highway 522 South  
McVeytown, PA 17051

814-542-2501 or  
717-899-7143  
TIU - 40

### DIRECT DEPOSIT AUTHORIZATION FORM

Employee ID (Preferred) or Soc. Sec. # \_\_\_\_\_

Employee Name (Last Name, First Name) \_\_\_\_\_

(Please Type or Print)

TIU email \_\_\_\_\_

( )  
Contact Phone \_\_\_\_\_

Check ACTION TYPE :	<input type="checkbox"/>	NEW EMPLOYEE SETUP	<input type="checkbox"/>	EMPLOYEE CHANGE REQUEST	<input type="checkbox"/>	CANCEL DIRECT DEPOSIT
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Employee may select up to two separate accounts. The employee's name must be on the account. Paycheck numbers beginning with a D indicate a direct deposited pay.

Complete the account designation boxes (up to 2) including routing and account numbers, and attach the following required documentation:

- **Checking Account:** Attach a voided check.
- **Savings Account:** Attach documentation from financial institution.

The routing number is a 9-digit number that appears at the bottom left of your check or deposit slip between the markings 1: .1. If you are not sure which number to use, contact your financial institution for assistance.

**NOTE:** Requests must allow sufficient time for processing and bank pre-notification, and may not be effective for your next pay date.

**IMPORTANT:** Enter the financial institutions to which you are depositing funds, and attach documentation for each account. This form overrides (replaces) all prior designations.

#### Account #1

ACCOUNT TYPE

Checking  
(Attach voided check)

Savings  
(Attach financial  
institution documentation)

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Routing# (9 digits) \_\_\_\_\_ Account # \_\_\_\_\_

(Number appears at the bottom left of your check)

Requested amount for this account: (select one)  Entire Balance  Specific amount: \$ \_\_\_\_\_

#### Account #2

ACCOUNT TYPE

Checking  
(Attach voided check)

Savings  
(Attach financial  
institution documentation)

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Routing# (9 digits) \_\_\_\_\_ Account # \_\_\_\_\_

(Number appears at the bottom left of your check)

Requested amount for this account: (select one)  Entire Balance  Specific amount: \$ \_\_\_\_\_

**Authorization Agreement:** I hereby authorize the Tuscarora Intermediate Unit to deposit my paycheck each payday directly into the account(s) named above. This authority will remain in force until I have given written notice that I am terminating it, or until my employer has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account(s), I authorize my bank(s) and the Tuscarora Intermediate Unit to make the appropriate adjustment(s). If funds to which I am not entitled are deposited into my account, I authorize the TIU to direct the bank to return said funds to TIU.

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

Date: \_\_\_\_\_

ORIGINAL FORM REQUIRED, DO NOT FAX OR EMAIL

MAIL ORIGINAL FORM TO:

TUSCARORA INTERMEDIATE UNIT  
ATTN: PAYROLL AND BENEFITS  
2527 US HIGHWAY 522 SOUTH  
MCVEYTOWN, PA 17051-9717

Revised 07/06/2016 cnf