

**Direct Deposit Authorization Agreement  
for  
Accounts Payable**

New Authorization

Revoke Authorization

Employee Name (please print) \_\_\_\_\_

Social Security Number (last 4 digits) XXX – XX - \_\_\_\_\_

*I hereby authorize Saucon Valley School District to initiate credit entries to my primary account on record for payroll. I understand that I am responsible to reimburse the District in the event of a credit that was credited to my account erroneously. This authority shall remain in effect until Saucon Valley School District receives written notification from me of its termination.*

*I understand changes to my Payroll primary account and/or depository will automatically change my Accounts Payable direct deposit. Accounts Payable direct deposit payments will be initiated the day following the School Board meeting. The funds will not be available in my account until approximately 48 hours after the School Board approval.*

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



**Saucon Valley School District**  
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