



Mount Carmel Area School District

600 W 5TH ST
MOUNT CARMEL PA 17851-1897
PHONE: 570-339-1500 FAX: 570-339-0487

Credit Authorization – Direct Deposit Form
(To Single Account)

I (we) hereby authorize (**Union National Bank**), hereinafter called COMPANY, to initiate credit entries for _____ to my (our) account indicated below and the

(Employee Name)

financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. (I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Branch)

(Address)

(City/State)

(Zip Code)

(Routing Number)

(Account Number)

Type of Acct: _____ Checking _____ Savings

Amount: _____ Frequency of transaction: _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

(Print Individual ID Number)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!