

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 _____	<input style="width: 50px; height: 20px;" type="text"/>
_____ Dollars	
1 <sup>st</sup> 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  
Any questions contact:

\_\_\_\_\_  
Signature

Michele Boretski, Payroll Supervisor  
[boretskim@hasdk12.org](mailto:boretskim@hasdk12.org)  
570-459-3111 ext. 3110

Karen Diehl, Payroll Specialist  
[diehlk@hasdk12.org](mailto:diehlk@hasdk12.org)  
570-459-3111 ext. 3109