



# PLEASANT VALLEY SCHOOL DISTRICT

District Administration Office  
2233 Route 115, Suite 100  
Brodheadsville, Pennsylvania 18322  
Telephone: (570) 402-1000 / Fax: (570) 992-7275  
[www.pvbears.org](http://www.pvbears.org)



KENNETH NEWMAN  
Assistant to the Superintendent

CAROLE M. GEARY  
Superintendent of Schools

SUSAN H. FAMULARO  
Business Manager

JOSHUA R. KREBS  
Director of Support Services

JOHN T. BURRUS  
Director of Human Resources

To All Pleasant Valley Employees:

The Pleasant Valley School District provides **Direct Deposit** of bi-weekly payroll checks. Your paycheck will be automatically deposited into your checking and /or savings account on payday. Please complete the attached Authorization Agreement and return it to the payroll office as soon as possible.

Here is how Direct Deposit works:

On payday, an earnings statement which shows gross pay, taxes, other deductions and net pay will be available on the school district employee portal. Your payroll net amount will be deposited in the account(s) you list on your authorization agreement. The amount of your deposit will appear on your bank statement.

**Completion of the Authorization Agreement:**

This document will give the Pleasant Valley School District the authority to transfer your net payroll amount to the school district depository for disbursement to your account in your chosen financial institution(s). [You do not need an account at the school district depository to utilize direct deposit.] You may have your net pay deposited into one (1) account, or have it divided into a maximum of two (2) accounts. To have the entire amount deposited into one account, complete the **Primary Account** information area of the authorization agreement, sign and date the form, and return it to the Pleasant Valley payroll office. To have your net pay divided into two accounts, **complete both the Primary Account and Second Account** information areas of the authorization agreement. You should list a specific dollar amount for the second account and the balance of pay will be deposited into the primary account. Again, please sign and date the form and return it to the Pleasant Valley payroll office. It is your responsibility to provide the correct routing and account numbers. **Please provide a copy of a check from your checkbook if the funds are deposited into a checking account.**

Please note: If the routing and/or account information is incorrect, or if you change financial institutions and do not provide us with updated routing and account information, you will be charged our depository's fee for handling "notification of change" items. In addition, please be aware that, if your routing and account information is incorrect, your payroll deposit may not be in your account on payday. It may take a day or more to channel the correct routing and account information to the depository to have your direct deposit corrected.

**REMINDER: You must sign and date the Authorization Agreement.**

**AUTHORIZATION AGREEMENT**  
**AUTOMATIC DEPOSITS (ACH CREDITS)**

I hereby authorize Pleasant Valley School District hereinafter called COMPANY, to initiate credit entries to my account(s) indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I acknowledge that the origination of ACH transactions to my account(s) must comply with the provisions of U.S. law.

**PRIMARY ACCOUNT:** (Deposit Net Pay)

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(Financial Institution Name) \_\_\_\_\_ (Branch) \_\_\_\_\_

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(Address) \_\_\_\_\_ (City/State) \_\_\_\_\_ (Zip) \_\_\_\_\_

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(Routing Number) \_\_\_\_\_ (Account Number) \_\_\_\_\_

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

**SECOND ACCOUNT:** Amount to Deposit \$ \_\_\_\_\_

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(Financial Institution Name) \_\_\_\_\_ (Branch) \_\_\_\_\_

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(Address) \_\_\_\_\_ (City/State) \_\_\_\_\_ (Zip) \_\_\_\_\_

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(Routing Number) \_\_\_\_\_ (Account Number) \_\_\_\_\_

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me 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)

\_\_\_\_\_  
(Date)