

AP Authorization for Direct Deposit

This authorizes the Seneca Highlands Intermediate Unit 9 to send credit entries (and appropriate debit adjustment entries), electronically to the account indicated below. This authorizes the financial institution holding the account to post all such entries.

Complete the following information:

Account Type: (check one) Checking Savings

Bank Name: _____

Bank Routing #: _____

Account #: _____

Please Attach A Voided Check For This Account

Your Name: _____

Your Address: _____

*Your Email: _____ Phone: _____

*Email is required to receive electronic fund transfer notification.

This authorization will be in effect until the IU9 Business Office receives a **written** termination notice and has a reasonable opportunity to act on it.

Signature

Printed Name

Date

Send completed form and voided check to: Seneca Highlands Intermediate Unit 9
119 Mechanic Street
Smethport, PA 16749