

I authorize my employer / payer to initiate electronic credit entries and, if necessary, adjustments for any credit entries made in error to my financial institution listed below.

Customer Information																						
First Name				Last Name				SS#			Daytime Phone #											
Street Address				City				State			Zip Code											
Financial Institution Information																						
Name							Financial Center City					State										
ROUTING TRANSIT NUMBER	<i>Obtain from customer's CHECK or RTI screen only</i>							<input type="checkbox"/> Checking <input type="checkbox"/> Savings	ACCOUNT NUMBER													
Employer Information																						
Name of Employer										Payroll Office Phone #												
County of Lehigh																						
Address of Employer / Payroll Office						City				State		Zip Code										
<b>17 South 7<sup>th</sup> Street</b>						<b>Allentown</b>				<b>PA</b>		<b>18101</b>										
Customer Signature										Date (mm/dd/yyyy)												
<b>X</b>																						