

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize East Windsor Regional School District, hereinafter called Board, to initiate credit entries (direct deposit) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the checking or savings account indicated below and the depository named below, hereinafter called Depository, to credit and/or debit the same to such account.

Multiple Direct Deposits are available. The entire net pay will be deposited to the applicable amount, unless otherwise indicated.

Depository Name (Bank): _____

Bank Transit/ABA Number (9 digits): __ _ __ _ __ _ __ _ __ _

Checking account #: _____ Amount \$ _____ OR NET PAY

Checking account #: _____ Amount \$ _____ OR NET PAY

Savings account #: _____ Amount \$ _____ OR NET PAY

Depository Name (Bank): _____

Bank Transit/ABA Number (9 digits): __ _ __ _ __ _ __ _ __ _

Checking account #: _____ Amount \$ _____ OR NET PAY

Checking account #: _____ Amount \$ _____ OR NET PAY

Savings account #: _____ Amount \$ _____ OR NET PAY

PLEASE ATTACH A COPY OF A VOIDED PERSONAL CHECK (OR PREPRINTED DEPOSIT SLIP FOR SAVINGS ACCOUNT).

PLEASE PRINT NAME: _____

Social Security Number _____

This authorization will remain in effect until I give written notice to the payroll department to either change or terminate this authorization.

The Board is held harmless against any and all claims, demands, suits, or other forms of liability related to the electronic transfer of paychecks.

SIGNED: _____ DATE: _____