

# BRANCHBURG TWP. BD OF ED

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

- First Time-Setup
- Change Direct Deposit Information
- Cancel Direct Deposit

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone Number: (Current Daytime Number) \_\_\_\_\_

Work Location \_\_\_\_\_

- The Payroll Department uses account and routing numbers to electronically transfer payroll funds directly to your account.
- Failure to verify accuracy of account information with your financial institution will cause delays or improper transfers.
- Without the proper forms, the direct deposit will not be processed.

**Attach Your Bank Information Here:**

**Checking Accounts:** Pre-printed check. (Please do not use starter checks or deposit slips. Write the word VOID on the check).

**Savings Accounts:** Pre-printed Deposit Slip.

If you are depositing monies into 2 accounts, please fill out both Items 1 and 2. The remaining amount will be deposited in Item 2.

If you are depositing money into 1 account, please fill out Item 2.

Please complete bank routing information:

1. Partial Deposit—Please check one of the following:                       Checking                       Savings

Bank Name \_\_\_\_\_

Transit Routing Number (must be 9 digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

Partial Deposit Amount or %: \_\_\_\_\_

2. Full Deposit - Please check one of the following:                       Checking                       Savings

Bank Name \_\_\_\_\_

Transit Routing Number (must be 9 digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

I understand this authorization will begin within two payroll cycles from receipt. It will remain in effect until I give written notice to Branchburg Twp. Bd of Ed to change or terminate this authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date