

BRANCHBURG TWP. BD OF ED

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

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