

Winslow Township Board of Education

Authorization Agreement for Automatic Deposits

I hereby authorize the Winslow Township Board of Education (Board) to initiate by electronic transfer, direct deposit (credit entries) of my net earnings to my account in the entity named below (Bank Name) and to initiate, if necessary debit entries and adjustments for any credits entries made in error. I authorize my Bank to accept and to credit/debit the amount of such entries to my account.

*****Return this form to payroll with a Voided Check from your existing checking account or Bank Direct Deposit Authorization form.*****

CHECK ONE

New Authorization Transfer to Another Depository Change Account Number Cancellation

Bank Name _____

Account Number _____

Checking ___ Savings ___
(Please check one)

Routing/ABA Number _____
(9 digit #)

This agreement will remain in effect until Winslow Township Board of Education receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department. In no event shall a termination notice be effective with respect to entries processed by the Board or the Bank prior to its receipt.

* *Direct Deposit takes 2 pay periods, after timely submission of form, to begin. You will receive a paycheck for the two paydays prior to direct deposit beginning as a new authorization or transferring banks.

Employee Name: _____ Employee Signature: _____
(Print)

Last 4 of SS Number: _____ Date: _____

For Office Use Only

Checking Prenote:	Checking Live:
Savings Prenote:	Savings Live:
Entered By: _____	Entered By: _____
Date: _____	Date: _____