

AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSITS

BE SURE TO ATTACH A VOIDED CHECK OR A DIRECT DEPOSIT LETTER FROM YOUR BANK

Instructions

To Enroll: Mark the NEW box. Verify all banking information, attach a voided check containing your printed name and account number, sign and date the form.

To Cancel: Mark the CANCEL box. Provide your name, account number, sign and date the form.

To Change: Mark the CHANGE box. Verify all banking information, attach a voided check containing your printed name and account number, sign and date the form.

EMPLOYEE NAME _____

WORK LOCATION _____

DIRECT DEPOSIT

☐

NEW

☐

CHANGE

☐

CANCEL

Name of financial institute

☐

Deposit fixed amount of \$ _____

☐

Deposit NET PAY

☐

Checking account

☐

Savings account

Depositors Account Number

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Routing Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DEPOSITOR CERTIFICATION

BY SIGNING THIS FORM, I AUTHORIZE MONTVILLE TOWNSHIP BOARD OF EDUCATION TO DEPOSIT MY SALARY PAYMENT TO THE FINANCIAL INSTITUTION AND ACCOUNT NAMED ABOVE.

Signed

Date

PLEASE NOTE YOUR FIRST DEPOSIT WILL BE PRE-NOTED
SO YOU WILL RECEIVE AN ACTUAL CHECK