

DIRECT DEPOSIT AUTHORIZATION FORM

Authorization for Electronic Payment Service:

Initial Authorization

Change of
Financial Institution

Change of
Account Number

Name of Financial Institution

Institution Mailing Address

Employee name (PLEASE PRINT)

Type of Account:

Checking

OR

Savings

**Bank Issued Information Only
With Routing Number**

Employee School / Building

Social Security Number

I authorize the Monroe Township Board of Education, hereafter referred to as **Employer** , to deposit my periodic pay into my account identified as and held at the **Financial Institution** named above, and I authorize that such account exists and that the Financial Institution can make deposits without responsibility for correctness of such amounts.

My authorization will remain in effect until I give a written notice 30 days in advance of termination to the Payroll Department.

I have provided my Employer with a copy of a voided check or savings account deposit slip solely for the purposes of verifying my account number and the Financial Institution's routing number.

<p>ATTATCH YOUR VOIDED CHECK OR</p> <p>BANK ISSUED SAVINGS ACCOUNT DEPOSIT INFORMATION HERE</p> <p>*****</p>

Date

Employee's Signature