

**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

\_\_\_\_\_  
XXX-XX-  
The Last 4 Numbers of 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.

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

ATTACH YOUR VOIDED CHECK OR  
**BANK ISSUED SAVINGS ACCOUNT DEPOSIT INFORMATION HERE**  
\*\*\*\*\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature