

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