

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

_____ Establish Direct Deposit

_____ Change my existing Direct Deposit

Employer Information

**Woodbury Heights Board of Education
100 Academy Avenue
Woodbury Heights, NJ 08097**

Employee Information

Name: _____

Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Bank Information

Name: _____

Routing Number: _____ Account Number: _____

Account Type _____ Checking OR _____ Savings

_____ Full Net Pay OR _____ Direct Deposit Amount _____

Bank Information

Name: _____

Routing Number: _____ Account Number: _____

Account Type _____ Checking OR _____ Savings

_____ Remaining Net Pay OR _____ Direct Deposit Amount _____

I hereby authorize my EMPLOYER (named above) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any entries credited in error to my account or accounts indicated above.

This authority is to remain in full force until my EMPLOYER has received written notification from me of its termination in such timely manner as to afford EMPLOYER and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Employee Signature _____ Date _____

PLEASE ATTACH A VOIDED CHECK