

Middle Township School District

Authorization for Direct Deposit of Paycheck

Name: _____

Social Security Number: _____

Employee address: _____

I authorize my Employer to deposit my paycheck directly into the account(s) listed below. I further give my Employer authorization to reverse any incorrect entries into the same account. This authority will remain in force until I provide written notification that I have terminated it. I understand that a reasonable amount of time must be allowed for the implementation and termination of this reverse.

BANK NAME/ADDRESS: _____

BANK ROUTING NUMBER: _____

CHECKING ACCOUNT NUMBER: _____

AMOUNT IF NOT NET PAY: _____

SAVINGS ACCOUNT NUMBER: _____

AMOUNT IF NOT NET PAY: _____

EMPLOYEE SIGNATURE: _____

DATE: _____

*Please fill out this form and return it to Mary Kate Garry in the Admin. Building. Please note the first available payroll after it is received there will be a pre-notification sent to check the account numbers. This payroll will still provide a live check you will need to take to the bank. With the following payroll, if no errors in account numbers have been found, the direct deposit will begin.