Authorization Agreement for Automatic Deposits (Credits)

Circle One
New Authorization  Authorization to transfer to Another Depository  Change of Account Number  Cancellation

DELRAN TOWNSHIP BOARD OF EDUCATION -- 52 HARTFORD RD, DELRAN NJ 08075

I hereby authorize the DELRAN TOWNSHIP BOARD OF EDUCATION to initiate by electronic means direct deposits (credit entries) of my net earnings to my ______ Checking or ______ Savings account in the entity named below (Depository) and to initiate, if necessary, debit entries and adjustments for any credit entries in error. I authorize the Depository to accept and to credit and/or debit the amount of such entries to my account.

Depository Name

Branch

City  NJ  Zip Code

Account Number  (Enter only numbers, letters, and hyphens)

Transit/ABA Number (Must be 9 digits)

If direct deposit is to a Checking Account, attach a voided personalized check. If direct deposit is to a Savings Account then ask your financial institution to help you complete this form or provide you with the required information.

This authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company and the Depository a reasonable opportunity to act on it and in no event shall a termination notice be effective with respect to entries processed by the Company or the Depository prior to its receipt.

Employee Signature  Date

Please attach a Voided blank Personalized Check. ** For CANCELLATION of Direct Deposit, DO NOT SUPPLY Account Number and Transit/ABA Number