## MARLBOROUGH BOARD OF EDUCATION AUTHORIZATION FOR DIRECT DEPOSIT

EMPLOYEE NAME	<b>=</b>			
DATE	<del></del>			
To Payroll Departme thereof as shown bel		ct deposit of my en	ntire paycheck or a po	ortion
Bank Name	Bank's Routing #	Checking/Savings	Your bank acct #	Deposit amount
Please attach a VOID bank account number	•	•	or a deposit ticket wit	h your
If you wish to deposit please write "ALL" in t If you are splitting you for each one and the t	the amount to depos or deposit among two	sit column. o or more banks, sl		
In the event that the T the above-mentioned this matter by withdraw	accounts in error, I g	jive payroll person	•	
EMPLOYEE SIGNATU	JRE			