

**AUTHORIZATION AGREEMENT
AUTOMATIC PAYROLL DIRECT DEPOSIT (ACH CREDITS)**

I (we) hereby authorize the PEMBERTON TOWNSHIP BOARD OF EDUCATION, hereinafter called COMPANY to initiate credit entries and, if necessary, debit entries and adjustments for any credits posted in error to my (our) account indicated below. The depository named below, hereinafter called DEPOSITORY, is also authorized to credit and/or debit same to the account specified.

DEPOSITORY (Your Financial Institution)

NAME OF BANK: _____

CITY: _____ STATE _____ ZIP: _____

Single Direct Deposit (Please complete):

BANK TRANSIT/ABA Routing #: _____

ACCOUNT #: _____ CHECKING (____) SAVINGS (____)

Multiple Direct Deposits (Please complete):

NAME OF BANK: _____ BANK TRANSIT/ABA Routing #: _____

ACCOUNT #: _____ CHECKING (\$) _____ SAVINGS (\$) _____

NAME OF BANK: _____ BANK TRANSIT/ABA Routing #: _____

ACCOUNT #: _____ CHECKING (\$) _____ SAVINGS (\$) _____

NAME OF BANK: _____ BANK TRANSIT/ABA Routing #: _____

ACCOUNT #: _____ CHECKING (\$) _____ SAVINGS (\$) _____

*Note – You may deposit your money into 2 checking accounts and 1 savings
You must specify \$ amounts and which account will have the balance if having multiple accounts

TO ENSURE THAT YOUR DIRECT DEPOSIT INFORMATION IS ENTERED INTO OUR PAYROLL SYSTEM AS COMPLETELY AND ACCURATELY AS POSSIBLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:

For Checking Account: Attach a blank voided check for verification for each account.

For Savings Account: Attach a brief letter from your bank verifying your Name, Account #, and ABA #

This authority is to remain in full force and effect until COMPANY has received written notification of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

****PLEASE STOP MY DIRECT DEPOSIT: _____ EFFECTIVE DATE: _____**

EMPLOYEE'S NAME: _____

(PLEASE PRINT)

EMPLOYEE'S SOCIAL SECURITY #: _____ DATE: _____

EMPLOYEE'S SIGNATURE: _____

PLEASE NOTE: Direct Deposit will become effective approximately 4 weeks from the date received.

FORWARD THIS FORM TO ANNA WADE/DISTRICT OFFICE