



MOUNT HOLLY TOWNSHIP BOARD OF EDUCATION

Payroll Department
331 Levis Drive
Mount Holly, NJ 08060
Ph: 609-267-7033/Fax: 609-265-8028

Direct Deposit Authorization Form

(Direct deposits may take more than one pay period to become effective due to certain banking requirements.)

Authorization Agreement

I hereby authorize Mount Holly Twp. Board of Education to deposit my periodic pay into my account(s) at the financial institution(s) named below and I attest that such account(s) exist and that the financial institution(s) can make deposits without responsibility for the corrections of such amounts.

Further, I agree not to hold Mount Holly Twp. Board of Education responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Mount Holly Twp. Board of Education receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department. In addition, either my employer or financial institution can terminate this agreement by providing me with written notice at least 10 days prior to actual termination.

Account Information

1. Name of Financial Institution: _____
Routing Number: _____
Account Number: _____
Checking ☐ Savings ☐
*Amount _____

*Indicate the dollar amount to be deposited to this account only **if direct deposit is split into multiple accounts**. If direct deposit is not being split, indicate with **"ALL" in the amount field**.

2. Name of Financial Institution: _____
Routing Number: _____
Account Number: _____
Checking ☐ Savings ☐
*Amount _____

*Indicate the **dollar amount to be deposited** to this account in the amount field or **"REMAINDER"** if the remainder of the deposit goes to this account.

3. Name of Financial Institution: _____
Routing Number: _____
Account Number: _____
Checking ☐ Savings ☐
*Amount _____

*Indicate **"REMAINDER"** if the remainder of the deposit goes to this account.

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.

CANCEL DIRECT DEPOSIT REQUEST

I, _____ no longer wish to participate in direct deposit. Please cancel any and all direct deposit designations as per this request (must be submitted 10 days prior to next pay date).

Employee Signature

Date