



Howell Township Public Schools

PROUD OF OUR SCHOOLS – CONCERNED FOR OUR CHILDREN

AUTHORIZATION FOR DIRECT DEPOSIT OF EARNINGS

☐ New Account ☐ Change Account

Employee Name _____

Employee Address _____

Employee Social Security #: XXX- XX - _ _ _ _

1. Bank Name/Branch/City _____

Routing/Transit #: _ _ _ _ _ Account Number: _____

☐ Checking ☐ Savings I wish to deposit: \$_____.____ ☐ Entire Net

2. Bank Name/Branch/City _____

Routing/Transit #: _ _ _ _ _ Account Number: _____

☐ Checking ☐ Savings I wish to deposit: \$_____.____ ☐ Entire Net

I authorize my employer each payday to deposit my payroll earnings to the account(s) named above. The direct deposit is to commence at the earliest convenience of the company and is to continue until written notice of termination of direct deposit is given by me.

Employee Signature _____

Date _____

PLEASE INCLUDE A BLANK VOIDED CHECK WITH THIS AUTHORIZATION.

PLEASE NOTE: Once Direct Deposit is set up, ALL checks will be direct deposited unless cancelled or bank information changes. Direct Deposits will not start until you have received your 2nd Payroll check. The 1st Payroll check processed will only set up your Direct Deposit information and will be a Regular Payroll check. Your 2nd Payroll check will then go Direct Deposit to your account.