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:		ZIP:
Single Direct Deposit (Please complete):		
BANK TRANSIT/ABA Routing #:		
ACCOUNT #:	_CHECKING () SAVI	NGS ()
Multiple Direct Deposits (Please complete)):	
NAME OF BANK:	BANK TRANSIT/ABA I	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 ch You must specify \$ amounts and whice		
TO ENSURE THAT YOUR DIRECT DEPOSI SYSTEM AS COMPLETELY AND ACCURA FOLLOWING INFORMATON:		
For Checking Account: Attach a blank vo	oided check for verificat	tion for each account.
For Savings Account: Attach a brief letter t	from your bank verifying y	our Name, Account#, and ABA #
This authority is to remain in full force and effect usuch time and in such manner as to afford COMP.		
**PLEASE STOP MY DIRECT DEPOSIT:	EFFECTIVE I	DATE:
EMPLOYEE'S NAME:	05 05 05	
EMPLOYEE'S SOCIAL SECURITY#:	ASE PRINT)	
DATE:		
EMPLOYEE'S SIGNATURE:		
PLEASE NOTE: Direct Deposit will become effect		

REVISED: 10/2010