

**AUTHORIZATION AGREEMENT  
FOR  
DIRECT DEPOSIT OF PAYROLL**

**I REQUEST THAT MY NET PAY BE DEPOSITED AT:**

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

**DEPOSIT TO ACCOUNT NO.** \_\_\_\_\_

**TRANSIT ROUTING/ABA #** \_\_\_\_\_

**Select Only One Account:**                      **Checking**                      **Savings**

\_\_\_\_\_  
Employee Name (PLEASE PRINT)

\_\_\_\_\_  
Employee Social Security #

**EAST WINDSOR PUBLIC SCHOOLS**  
Company Name

**#06-1564048**  
Company ID#

I (we) hereby authorize the direct deposit of my net pay by my employer in the account and financial institution indicated at the top of this page. Such direct deposit will be made on each succeeding payday, unless I choose to terminate this agreement in writing to my employer. Any such notification shall become effective following receipt, after a reasonable opportunity to act on it.

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**

**NOTE: A voided check must be attached to this form. Please sign above and return a copy to payroll manager.**