AUTHORIZATION AGREEMENT
FOR
DIRECT DEPOSIT OF PAYROLL

I REQUEST THAT MY PAY BE DEPOSITED AT:

_____
Name of Financial Institution

_____
Address

_____
Address

DEPOSIT TO ACCOUNT NO. _____

TRANSIT ROUTING/ABA # _____

Select Only One Account: ☐ **Checking** ☐ **Savings** **Fixed Amount $** _____

_____
Employee Name (PLEASE PRINT)

_____
Employee Social Security #

EMAIL ADDRESS _____

EAST WINDSOR PUBLIC SCHOOLS **#06-1564048**
Company Name Company ID#

I (we) hereby authorize the direct deposit of my 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.