

**AUTHORIZATION AGREEMENT  
FOR  
DIRECT DEPOSIT OF PAYROLL**

Please submit a voided check or letter from your bank with this form if available. The District is not responsible for delayed payroll processing if routing and account information is inaccurate.

NEW \_\_\_\_\_ CHANGE \_\_\_\_\_ AMOUNT or PERCENTAGE \_\_\_\_\_

I REQUEST THAT MY NET PAY BE DEPOSITED AT: (Name of financial institution)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

ACCOUNT NUMBER \_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_

\_\_\_\_\_  
*Employee name*

\_\_\_\_\_  
*Social Security Number*

**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

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*