BARNEGAT TOWNSHIP SCHOOL DISTRICT AUTHORIZATION FOR DIRECT DEPOSIT OF PAYCHECK

Please ensure that entire form is completed, signed and dated.

EMPLOYEE NAME:	

ADDRESS (NO. & STREET):	

CITY:	STATE:	ZIP CODE:

I authorize the company name above to deposit my paycheck directly into the bank account listed below. I further give the company authorization to reverse any incorrect entries into the accounts. This authority will remain in force until I proved written notification that I have terminated it. I understand that a reasonable amount of time must be allowed for both the implementation and termination of this service.

BANK NAME:	
	Checking Savings
Account Number:	
ABA Routing Number:	
Deposit Amount:	100% OR (Flat Amount)
BANK NAME:	
Account Type:	Checking Savings
Account Number:	
ABA Routing Number:	
Deposit Amount:	100% OR (Flat Amount)

PLEASE ATTACH A VOIDED PERSONAL CHECK TO THIS DOCUMENT

PRINT NAME

SIGNATURE

DATED: _____