

# EDGEWATER PARK BOARD OF EDUCATION

## Authorization for Electronic Funds Transfer

### Direct Deposit

Employee Name \_\_\_\_\_

**1. Financial Institution** \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Net Pay or Amount \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

**2. Financial Institution** Name \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Net Pay or Amount \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

I hereby authorize the Edgewater Park Township Board of Education to deposit my periodic pay into my account(s) identified as and held at the financial institution(s) named and I attest that such account(s) exist and that the financial institution can make deposits (credit entries) and, if necessary, debit entries and adjustments for any credit entries done in error. I authorize my financial institution(s) to accept and to credit and/or debit the amount of such entries to my account. This authorization will remain in effect until I give written notice to terminate this authorization to my employer in sufficient time and manner as to allow my employer to act upon it.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Spouse Signature Date

\*Two signatures required for joint accounts only.

\* Please attach a VOIDED check(s) showing your account number(s) and routing/ABA number(s) of each bank. If depositing into a savings account, please attach a voided deposit ticket indicating your account number.

PLEASE RETURN THIS FORM TO THE PAYROLL SECRETARY

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