



Authorization for Direct Deposit

Name of Employee _____
(Print Name as Shown on Bank Records)

Employee's Bank (Depository Bank) _____
(Name of Bank and Branch)

Employee's Account Number _____

Transit/ABA Number _____

The above named Employee hereby authorized the **Ocean Township Board of Education** to initiate electronic credits and debits to the above account. The Depository Bank is authorized and instructed to honor all such entries. The Depository Bank shall have no duty to inquire as to the propriety of any such entry; notwithstanding the amount and/or the frequency of any such entry. Debits to this account would be only to reverse amounts erroneously posted.

This authority is to remain in full force and in effect until **Ocean Township Board of Education** and Depository Bank have received written notification from the undersigned of its termination in such time and in such manner as to afford **Ocean Township Board of Education** and Depository Bank a reasonable opportunity to act on it. **Direct Deposit will take effect your 2nd pay cycle after you complete and return the attached form to payroll. You will receive a regular pay check your first pay cycle.**

Date

Signature

Date

Signature (If Joint Account)

PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION OF BANK DATA