

LACEY TOWNSHIP BOARD OF EDUCATION

AUTHORIZATION FOR DIRECT DEPOSIT OF PAYCHECK

Please ensure that entire form is completed, signed and dated

EMPLOYEE NAME _____ **EMPLOYEE NUMBER** _____

ADDRESS (NO. & STREET) _____

CITY _____ **STATE** _____ **ZIP CODE** _____

I authorize the company named above to deposit my paycheck directly into the bank account(s) listed below. I further give the company authorization to reverse any incorrect entries into the accounts. This authority will remain in force until I provide 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.

FUNDS MAY BE DEPOSITED INTO ONE ACCOUNT OR SPLIT BETWEEN ACCOUNTS AS A SET PERCENT OR A FLAT DOLLAR AMOUNT

BANK NAME _____

Account Type	_____ Checking	_____ Savings
Account Number	_____	
ABA Routing Number	_____	
(If depositing into a savings account, please check with your bank for proper routing number)		
Deposit Amount	_____ 100%	_____ (Flat Amount)

Account Type	_____ Checking	_____ Savings
Account Number	_____	
ABA Routing Number	_____	
(If depositing into a savings account, please check with your bank for proper routing number)		
Deposit Amount	_____ 100%	_____ (Flat Amount)

PLEASE ATTACH A VOIDED PERSONAL CHECK OR DEPOSIT SLIP

SIGNATURE _____ **DATE** _____