

Authorization for Direct Deposit of Payroll

EMPLOYEE NAME: _____ **DATE:** _____

SIGNATURE: _____ **SSN:** _____

I authorize Pequannock Township Board of Education to remit my net pay, or part thereof, to my account at the institution(s) indicated below. I further authorize Pequannock Township Board of Education to initiate a withdrawal from the account to adjust for deposit entries made in error. I should not assume that the direct deposit is completed until I receive my Notice of Advice on payday via the email address I am providing on this form. I understand that a pre-notification will be forwarded to my financial institution with the next payroll and that upon verification of account information, direct deposit will begin with the subsequent payroll.

Start direct deposit Add an account Change an account Stop direct deposit

Email address (please print legibly) _____

NAME OF BANK/ FINANCIAL INSTITUTION	BANK ROUTING TRANSIT/ABA NUMBER	ACCOUNT NUMBER	CHECKING OR SAVINGS	AMOUNT OR PERCENTAGE

PLEASE ATTACH A VOIDED CHECK, FINANCIAL INSTITUTION
LETTER OR SAVINGS STATEMENT FOR EACH ACCOUNT ENSURING
THAT YOUR BANK'S NINE DIGIT ABA/TRANSIT NUMBER IS
CLEARLY IDENTIFIABLE.

Reconciliation of Underpayment or Overpayment

If for any reason an error results in an overpayment or underpayment to your account, the Payroll Department will notify you as promptly as possible. If you discover an error before being notified, kindly contact us immediately.

Discontinuation of Direct Deposit/Change of Account Status

To discontinue direct deposit or to report account change, please notify the Payroll department in writing at least two weeks in advance of the payday, so we have time to notify the appropriate parties.

Return Direct Deposit Form and Voided Check to Yvette in Payroll