

DIRECT DEPOSIT FORM

This is an authorization agreement for automatic deposits

Company / Employer Name:

SOMERSET BOARD OF EDUCATION

I authorize the above named Company / Employer and the financial institution listed below to electronically deposit my net pay to the specified account each payday:

Checking Account

Savings Account

Bank Name

Routing Number

Account Number

If monies to which I am not entitled are deposited to my account, I authorize my Company / Employer to direct the financial institution to return said funds.

Print Name

Social Security Number

Signature

Date

Staple, in this box, a VOIDED check or deposit ticket for the account indicated above.

Please return this form to the payroll office for completion.