



Somerset Hills School District
 25 Olcott Avenue
 Bernardsville, NJ 08844
 Phone: 908-630-3012
 (Payroll Department)

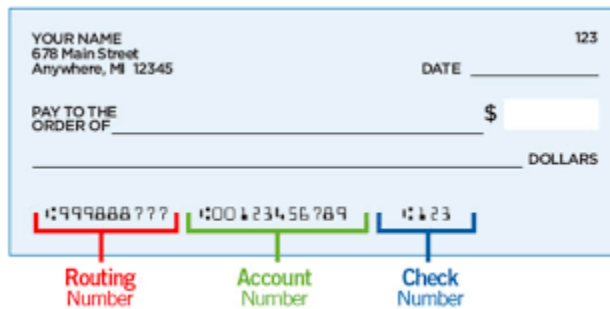
Direct Deposit Authorization Form

Please print and complete ALL the information below:

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

9-Digit Routing #: _____

Account #: _____

Type of Account: Checking Savings (Circle One)

- Entire Paycheck
- Amount \$: _____
- Percentage %: _____

Please attach a voided check or proof of ownership from the bank for each bank account to which funds should be deposited. If you are making any changes to your direct deposit information you MUST drop this form off to Julianne Galuppo in the Olcott Administration Building - Room 203.

Somerset Hills School District is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____

Date: _____