



PENNSAUKEN PUBLIC SCHOOLS
ADMINISTRATION OFFICES

Direct Deposit Authorization Form

Employee Information:

Full Name: _____

Phone Number: _____

Email Address: _____

Check One:

- ☐ Start Direct Deposit
☐ Changes to Direct Deposit

You may designate up to 3 bank accounts. For each account, specify the type and specific amount.

Bank Name	Account Type	Routing #	Account #	Deposit Amount
_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	_____	_____	Net Amount

Optional Accounts:

Bank Name	Account Type	Routing #	Account #	Deposit Amount
_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	_____	_____	_____
_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	_____	_____	_____

Authorization:

I hereby authorize Pennsauken Board of Education to deposit my payroll as indicated above. I understand that:

- This authorization will remain in effect until I submit written notice of change or cancellation.
- The information I provided is accurate to the best of my knowledge.
- I must allow at least one payroll cycle for changes to take effect.
- A bank letter is required for each account listed.

Signature: _____ **Date:** _____

Please return this form to Payroll Department.

1695 Hylton Road
Pennsauken, NJ 08110
856-662-8505
Payroll@pennsauken.net