

**DIRECT DEPOSIT
AUTHORIZATION AGREEMENT
(ACH SERVICE)**

**** Please attach a voided check to this form. This form must be brought to the Payroll Office – do not mail ****

NAME:	Social Security Number:
Ewing Public Schools	220 Ewingville Road Ewing, NJ 08638

I hereby authorize my employer, Ewing Public Schools, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error to my account indicated below and the depository institution named below to credit and/or debit the same such account:

Primary Account:

Depository Name (Bank) _____	Account Type: ___ Checking ___ Savings Account Number: _____
Transit/ABA Number (9 digits) _____	Amount to Deposit: _____ - or - Percentage to Deposit: _____

Secondary Account:

Depository Name (Bank) _____	Account Type: ___ Checking ___ Savings Account Number: _____
Transit/ABA Number (9 digits) _____	Amount to Deposit: _____ - or - Percentage to Deposit: _____

This authority is to remain in full force until the Ewing Public Schools has received written notification from me of its termination in such time and in such manner as to afford them and the bank a reasonable opportunity to act on it.

Date:	Signature:
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