Educational Services Commission of New Jersey
1660 Stelton Rd. Piscataway, NJ 08854 (732) 777-9848 www.ESCNJ.us

Attach a VOIDED CHECK for deposit into checking account.

Pay dates are the 15th and 30th

DIRECT DEPOSIT FORM

Authorization Agreement for Automatic Deposits (Credits)

Check One:

[ ] New Authorization [ ] Authorization to transfer [ ] Change of Account Number

[ ] Cancellation to another depository

I hereby Authorize the Educational Services Commission of New Jersey to initiate by electronic means direct deposits (credit Entries) of my net earnings to my [ ] Checking or [ ] Savings account in the entity named below ("Depository") and to initiate, if Necessary, debit entries and adjustments for any credit entries in error. I authorize the Depository to accept and to credit and/or Debit the amount of such entries to my account.

_____

Bank Name

_____

City State Zip Code

_____

Transit/ABA Number (Must be 9 Digits) Account Number (Enter Only Numbers, Letters and Hyphens)

If direct deposit is to a checking account attach a voided blank personalized check.

_____

This authority is to remain in full force and effect until the Commission has received written notification from me of its termination in Such time and in such manner as to afford the commission and the Depository a reasonable opportunity to act on it and in no event Shall a termination notice be effective with respect to entries processed by the Commission of the Depository prior to its receipt.

_____

_____

Employee

_____ _____

Employee's Signature Date

_____ _____

Department Administrator's Signature Date