



Wall Township Board of Education



Direct Deposit Enrollment / Change Form#

ACCOUNT INFORMATION – You May Select Up to Two Accounts at One or Two Banks.

Account 1

Account 2

Bank Name: _____

City / State / Zip: _____

Routing/Transit #: _____

#: _____

Account Number: _____

Dollar Amount for Account 2 \$_____

Account Type: Checking Savings

Checking Savings

All pay must be directly deposited!

The above will replace all previously submitted information!

Attach the following to this form:

For Checking Accounts: **Voided Check**

For Savings Accounts: **Letter or Form from your Bank indicating the Bank's Direct Deposit Routing number and your Account number. (A Deposit slip is not acceptable)**

AUTHORIZATION

I hereby authorize the Wall Township Board of Education to deposit all amounts owed to me by initiating credit entries to my accounts at the financial institutions indicated on this form. I understand that my failure to report changes to my account information in a timely manner may delay receipt of my payroll funds, as a replacement check will not be reissued until the Receiving Bank returns the funds to our bank. This authorization will remain in effect until I revoke or modify the information in writing, and until the District has had reasonable opportunity to process changes.

Employee Name: _____

Last Four SS# XXX-XX _____

Employee Signature: _____

Date: _____

10 Month Employee 12 Month Employee