



## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize the West Windsor-Plainsboro Regional School District, hereinafter called Board, to initiate credit entries (direct deposit) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the checking or savings account indicated below and the depository named below, hereinafter called Depository, to credit and/or debit the same to such account.

### **Primary Account:**

Depository Name (Bank): \_\_\_\_\_

Bank Transit/ABA number (9 digits): \_\_\_\_\_

Choose ONE Only: \_\_\_ Checking or \_\_\_ Savings Account # \_\_\_\_\_

### **Secondary Account:**

Depository Name (Bank): \_\_\_\_\_

Bank Transit/ABA number (9 digits): \_\_\_\_\_

Amount to be deposited per pay (must enter a dollar amount): \$ \_\_\_\_\_

***All remaining monies will be deposited into the Primary account.***

Choose ONE Only: \_\_\_ Checking or \_\_\_ Savings Account # \_\_\_\_\_

***\*\* Please attach a copy of a voided personal check for a checking account, or preprinted deposit slip for savings account.***

Please PRINT Name: \_\_\_\_\_

Social Security # or Employee No.: \_\_\_\_\_

(Emp. No. is four digits and can be found next to your name at the top of your paystub.)

This authorization will remain in effect until I give written notice to the payroll department to change authorization.

The Board is held harmless against any and all claims, demands, suits, or other forms of liability related to the electronic transfer of paychecks.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_