Fairfield Township School
375 Gouldtown-Woodruff Road
BRIDGETON, NJ 08302
PHONE – (856) 453-1882
FAX – (856) 453-7189

DIRECT DEPOSIT FORM

NAME_____

Check one:

[ ] New Authorization [ ] Authorization to Trans to Another Depository

[ ] Change of Account # [ ] Cancellation

I hereby authorize FAIRFIELD TOWNSHIP SCHOOL 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 credit entries in error. I authorize Depository to accept and to credit and /or debit the amount such entries to my account.

_____ _____
EMPLOYEE'S SIGNATURE DATE

ACCOUNT INFORMATION

TYPE ❑ Checking ❑ Savings

BANK NAME _____

ADDRESS _____

CITY _____ STATE_____ZIP _____

ABA # | | | | | | | | | |

Account # | | | | | | | | | | | | | |

*__PLEAVE PROVIDE COPY OF VOIDED PERSOLALIZED BLANK CHECK TO PAYROLL__.

YOUR DIRECT DEPOSIT WILL GO INTO EFFECT THE SECOND PAY AFTER THE PAYROLL DEPARTMENT RECEIVES THIS FORM. THE BANK REQUIRES THE FIRST PAY TO BE USED AS A PRE-NOTIFICATION SO THAT THEY CAN CHECK YOUR ABA# AND ACCOUNT# TO MAKE SURE THEY ARE CORRECT!!!

Approved Date