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	[] Autho	orization to Tra	ans to Another De	oository
	[] Ch	ange of Account #	[] Ca	ncellation	
depos name entrie:	sits (credit entries) of below ("Depositor	TIELD TOWNSHIP : of my net earnings to the control of the control	o my checking necessary, de	or savings accou bit entries and ad	nt in the entity justments for credit
	EMPLOYEE'S SIGNATURE				DATE
ACCOUNT I	NFORMATION				
TYPE [☐ Checking ☐ Savings				
BANK NAME					
Address					
CITY			STATE	ZIP	
ABA#					
Account #					
*PLEAVE PRO	OVIDE COPY OF VO	DIDED PERSOLALIZ	ZED BLANK CI	HECK TO PAYRO	LL.
DEPARTMENT	T RECEIVES THIS	FORM. THE BANK	REQUIRES TH	HE FIRST PAY TO	TER THE PAYROLL) BE USED AS A PRE- AKE SURE THEY ARE
Approved			Date		