MANDATORY

Middle Township School District

Authorization for Direct Deposit of Paycheck

Name :_____

Social Security Number :_____

Employee Address: _____

_____

I authorize my Employer to deposit my paycheck directly into the account(s) listed below. I further give my Employer authorization to reverse any incorrect entries into the same account. This authority will remain in force until I provide written notification that I have terminated it. I understand that a reasonable amount of time must be allowed for the implementation and termination of this reverse.

BANK NAME/ADDRESS: _____

BANK ROUTING NUMBER: :_____

CHECKING ACCOUNT NUMBER:_____

AMOUNT IF NOT NET PAY: :_____

SAVINGS ACCOUNT NUMBER: _____

AMOUNT IF NOT NET PAY: _____

EMPLOYEE SIGNATURE: _____

DATE: _____

Please complete this form and return it to Mary Kate Garry in the Administration Building.

Once the form is received, a **pre-notification will be sent with the next available payroll** to verify your bank account information. You will still receive a **live check for that payroll**, which you will need to deposit at your bank.

If there are no issues with the account information, **direct deposit will begin with the following payroll.**

A voided check or bank-issued direct deposit form must be provided to verify the account and routing numbers. Forms submitted without this documentation will be returned to you.