



Wall Township Board of Education

Direct Deposit Enrollment/Change Form

THIS FORM MUST BE SUBMITTED IN PERSON TO THE PAYROLL OFFICE WITH I.D.

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		
		\$
		Please add dollar amount above for Account # 2
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Checking <input type="checkbox"/> 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).

ID checked by: _____ Date: _____

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 SSN XXX _____

Employee Signature: _____ Date: _____

10 Month Employee **12 Month Employee**