

SAMPLE
DIRECT DEPOSIT

Company Name Clinton Township Board of Education

Company ID # 22-6001732

I (we) hereby authorize Clinton Township Board of Education hereinafter called the COMPANY to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) CHECKING or SAVINGS account (Circle one) indicated below and the depository below, hereinafter called the DEPOSITORY to credit and/or debit the same to such account.

Depository Name United Jersey

Branch Hillsborough

City Belle Meade State NJ

Zip Code 08502

TRANSIT/ABA # Found on check
bottom left corner

Found on check
bottom right

This authority is to remain in full effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

NAME(s) John Doe
Please print

Jane Doe
Please print

SIGNATURE(s) _____

Social Security #(s) 111-22-3333

444-55-6666

DATE: _____

ATTACH A VOIDED CHECK IF CHECKING ACCOUNT IS SELECTED.

COMPLETE THE ATTACHED FORM WITH YOUR OWN INFORMATION.

Return to Human Resources at the Administration Office.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Company
Name Clinton Township Board of Education

Company
ID # 22-6001732

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Depository
Name _____ Branch _____

City _____ State _____ Zip Code _____

TRANSIT/ABA # _____ ACCOUNT # _____
Found on check Found on check
bottom left corner bottom right

This authority is to remain in full effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

NAME(s) _____ Please print _____ Please print

SIGNATURE(s) _____

Social Security #(s) _____

DATE: _____

ATTACH A VOIDED CHECK IF CHECKING ACCOUNT IS SELECTED.

FOR COMPANY USE ONLY:

Date Received: _____

Processed by: _____