

# PERTH AMBOY BOARD OF EDUCATION

## EMPLOYEE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize The Perth Amboy Board of Education to initiate direct deposit to my account as listed below:

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Checking Account

Savings Account

ROUTING # \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

**THIS PROCESS WILL TAKE TWO (2) PAY PERIODS TO BECOME EFFECTIVE.**

This authorization is to remain in full force and effect until the Board has received written notification from the employee of its termination.

**PLEASE ATTACH A VOIDED CHECK FOR THE ACCOUNT ABOVE**

Employee: \_\_\_\_\_  
(Please Print)

Building: \_\_\_\_\_

Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_