

**PASSAIC PUBLIC SCHOOLS
OFFICE OF THE SCHOOL BUSINESS ADMINISTRATOR
DIRECT DEPOSIT
AUTHORIZATION/CANCELLATION AGREEMENT**

In order to process the direct deposit of your payroll check, please complete this authorization agreement. You must obtain the Transit/Routing/ABA Number from your Bank.

PLEASE COMPLETE THE FOLLOWING ITEMS:

NAME: _____

SOC. SEC. NO. _____

ADDRESS: _____

Street Address

City State Zip Code

PLEASE CHECK ONE:

I WISH TO AUTHORIZE DIRECT DEPOSIT **I WISH TO CANCEL DIRECT DEPOSIT**

NAME OF BANK: _____

ADDRESS OF BANK: _____

Street Address

City State Zip Code

ROUTING/TRANSIT/ABA NUMBER: * _____

ACCOUNT NUMBER: * _____

IS THIS A CHECKING ACCOUNT: _____ **IS THIS A SAVINGS ACCOUNT:** _____

***A copy of a void check or bank direct deposit form from your account must be submitted with this form.**

I hereby authorize the Passaic Public Schools to initiate Direct Deposit of my payroll check to the bank and account indicated above, and to initiate, if necessary, debit entries and adjustments for any credits entries made in error, and the Bank named above to credit and/or debit in the same to such Account.

This authorization will remain in full force and effect until the Passaic Public Schools has received written notification from me of its termination in sufficient time and in such manner to afford the Passaic Public Schools and Bank a reasonable opportunity to act upon it.

Employee Signature

Date