

AUTHORIZATION FOR DIRECT DEPOSIT

GLOUCESTER CITY BOARD OF EDUCATION

1300 Market Street

Gloucester City, NJ 08030

Name: _____

Address: _____

Social Security # _____

PLEASE PRINT LEGIBLY

Instructions:

- A. Enter your name and mailing address.
- B. Circle the type of account and print your account number.
- C. You and all other parties to this account must sign this form.
- D. Attach a **VOIDED** check or deposit slip to the application.
- E. Return the completed form to the mailing address above.

Allow up to thirty (30) days for direct deposit to begin. If you change accounts or financial institutions, notify the Board of Education immediately; a new form must be completed. It is not the responsibility of the Board of Education for new account numbers and/or ABA routing numbers issued by banking institutions.

Account Information:

Name of Bank: _____

ABA Routing Number: _____

Account Number: _____

Type of Account: Checking Savings

For Deposits to Multiple Accounts please fill out the additional account information below and specify the amount to be deposited:

Name of Bank: _____

ABA Routing Number: _____

Account Number: _____

Type of Account: Checking Savings

Amount to be deposited: \$ _____

**Please stop my current Direct Deposit: Effective Date: _____

Employee's Signature: _____

Signature of Additional Account Holders: _____

*****A HARD COPY OF THIS FORM MUST BE INTEROFFICED OR HAND DELIVERED TO THE BUSINESS OFFICE TO BE PROCESSED*****