

DIRECT DEPOSIT AUTHORIZATION FORM

I, _____, hereby:

Authorize my employer, Caldwell-West Caldwell Board of Education and its agents, including financial institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error, to my checking or savings accounts listed below. I understand I should contact my bank to verify receipt of funds.

Start direct deposit to the bank account as indicated below.

Revise direct deposit in the bank account as indicated below.

Cancel the direct deposit to the bank account as indicated below. (You must replace this account with a new account to be paid via direct deposit.)

E-mail address: _____

I understand that it is my responsibility to verify that my paycheck has been deposited into my account.

Bank Name/Branch	Circle Acct. Type	Routing/Account Numbers	Amount
	Checking Savings	Routing/ABA# Acct.#	
	Checking Savings	Routing/ABA# Acct#	
	Checking Savings	Routing/ABA# Acct#	

Please note that, due to timing differences, new or changed direct deposits may result in one to two paper checks after this form has been submitted. Please do not close your account without giving your payroll office two weeks prior notice.

Please check with your bank on the pay date to confirm the money was deposited into your account. If there is any problem, please call **Aileen Kasper at 973-228-3360 – ext. 3004.**

Signature _____ **Date** _____

Please attach a voided check for the bank account to which funds will be deposited. DO NOT ATTACH A DEPOSIT SLIP. Check with your bank for the ABA/routing number for savings accounts.