

DIRECT DEPOSIT AUTHORIZATION

Alloway Township School District

PO Box 327 Alloway, NJ 08001

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|---------------------------|----------------------------|---------------------|----------|
| Last name (print clearly) | First name (print clearly) | Social Security No. | Work No. |
|---------------------------|----------------------------|---------------------|----------|

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| ACTION (Check One Only) this form OVERRIDES any DDP Information previously set up <input type="checkbox"/> New Account(s) (this replaces ALL existing DDP accounts setup) <input type="checkbox"/> Cancel ALL DDP |
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I hereby authorize Alloway Township Board of Education to deposit my net pay directly into my account(s) in the Financial Institution(s) listed below.

I agree that this authorization will remain in effect until I provide written notification to my employer terminating or changing this service or until termination from the Company.

I understand that anytime I revise DDP, or do not have enough NET PAY to cover the amounts that I have specified to be direct deposited, DDP will be temporarily canceled, and I will receive a check(s) for that pay period.

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|------------|-------|
| Signature: | Date: |
|------------|-------|

If you are direct depositing to one account, complete the information for ACCOUNT #1 and designate the Deposit Method = 0F0 for full amount. If direct depositing to two accounts, ACCOUNT #1 MUST be designated as Deposit Method = 0R0 for the REMAINING BALANCE and a SPECIFIC DEPOSIT AMOUNT must be indicated for ACCOUNT #2. **Please note that Members 1st Credit Union already counts as one account, so those who have chosen this payroll option must choose 0R0 for any additional account.**

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| ACCOUNT #1 (CHECK ONE ACCOUNT TYPE ONLY) | | |
| <input type="checkbox"/> | CHECKING <u>A copy of a VOIDED CHECK must be attached for this Checking Account.</u> | |
| <input type="checkbox"/> | SAVINGS <u>A DEPOSIT TICKET or letter from your bank with ABA# and Account# indicated must be attached for this Savings Account.</u> | |
| DEPOSIT METHOD <u>Circle One Method Only</u> | | |
| F 0 Entire amount of Net Pay to this Account | | |
| R 0 Remaining Balance | | |
| Name of Financial Institution | Bank Routing / ABA Number | Account Number |

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|--|---|----------------|
| ACCOUNT #2 (CHECK ONE ACCOUNT TYPE ONLY) | | |
| <input type="checkbox"/> | CHECKING <u>A copy of a VOIDED CHECK must be attached for this Checking Account.</u> | |
| <input type="checkbox"/> | SAVINGS <u>A DEPOSIT TICKET or letter from your bank with ABA# and Account# indicated must be attached for this Savings Account.</u> | |
| DEPOSIT AMOUNT \$ _____ (Indicate the partial amount of net pay to be deposited to this account. The remainder will be deposited to the account indicated in ACCOUNT #1) | | |
| Name of Financial Institution | Bank Routing / ABA Number | Account Number |

The setup you have indicated on this form overrides and supersedes all previous DDP actions and will replace all previously existing DDP information. You must enter ALL ACCOUNTS you wish to receive as Direct Deposit, even if this is a revision.