

MULLICA TOWNSHIP BOARD OF EDUCATION

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Mullica Township Board of Education to initiate automatic deposits to my account at the financial institution named below.

I understand that my deposit may not be credited to my account until the pay date indicated on the check voucher.

I am also aware that there will be a waiting period of 10 days or at least 2 pay periods for the direct deposit to take effect.

This agreement will remain in effect until Mullica Township Board of Education receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Establish new direct deposit Change an existing account(s) Cancel

(check one box only)

A Voided Check can be attached.

Account Information

Name of Financial Institution: _____
ABA/Routing Number: _____
Account Number: _____

Partial Amount: \$ _____ Remaining
Full
Checking Savings

2nd Account Information

Name of Financial Institution: _____
ABA/Routing Number: _____
Account Number: _____

Partial Amount: \$ _____ Remaining
Full
Checking Savings

3rd Account Information

Name of Financial Institution: _____
ABA/Routing Number: _____
Account Number: _____

Partial Amount: \$ _____ Remaining
Full
Checking Savings

Please be sure that the direct deposit amount(s) you enter are not greater than your current pay.
The total of your direct deposit account(s) must equal 100% of your pay.

Employee Signature: _____ Date: _____

Please print Name: _____ Date: _____

~~OFFICE USE~~
Date Received: _____ Effective Date: _____