



DIRECT DEPOSIT FORM

Please check one of the following:

- NEW** Direct Deposit
 ADD to current Direct Deposit
 CHANGE to current AMOUNT (inc/dec)
 STOP Direct Deposit

ID NUMBER 54-6001313
 AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

I hereby authorize Gloucester County Public Schools to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error, to my account(s) and depository(ies) named below, to credit and/or debit the same to such account(s).

Depository (Bank) Name _____ Transit-Routing # _____

City _____ State _____

Account #	Checking or Savings Acct.	Specify Amount or ALL

Depository (Bank) Name _____ Transit-Routing # _____

City _____ State _____

Account #	Checking or Savings Acct.	Specify Amount or ALL

This authority is to remain in full force and effect until Gloucester County Public Schools has received written notification from me of its termination or change in such time and in such manner as to afford Gloucester County Public Schools and the depository a reasonable opportunity to act on it.

Completed forms received by the 1st of the month should be effective by the end of the month.

Full Name _____ Employee # _____
 (Please Print)

Date _____ Signature _____

DO NOT close an account before notifying Payroll first. Failure to do so may result in a delay of 10 days or more beyond payday to receive a replacement check.

PLEASE ATTACH A VOIDED CHECK FOR CHECKING ACCOUNTS AND A DEPOSIT SLIP OR FORM FROM BANK FOR SAVINGS ACCOUNTS