

**DENVILLE BOARD OF EDUCATION**

1 St. Mary's Place, 2<sup>nd</sup> Floor

Denville, NJ 07834

Phone: 973-983-6530 Fax: 973-784-4778

**Direct Payroll Deposit Application**

**Employee Name:** \_\_\_\_\_

Direct Payroll Deposit Authorization - I authorize you and the bank(s) listed below to deposit my net pay automatically into my account each payday. If funds to which I am not entitled are deposited to my account, I authorize you to direct the bank(s) to return said funds. This authority will remain in effect until I have cancelled it in writing.

**Complete the following banking information below , sign and return to:  
Debbie Troast, Payroll, Board Office**

**Checking:**

(1) Bank Name: \_\_\_\_\_ (2) Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

Transit #/A.B.A. #: \_\_\_\_\_ Transit #/A.B.A. No #: \_\_\_\_\_

**Savings:**

(1) Bank Name: \_\_\_\_\_ (2) Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

Transit #/A.B.A. #: \_\_\_\_\_ Transit #/A.B.A. No #: \_\_\_\_\_

I wish to have my Payroll Check deposited accordingly:

\$ \_\_\_\_\_ Checking Account # 1      \$ \_\_\_\_\_ Checking Account # 2

\$ \_\_\_\_\_ Savings Account # 1      \$ \_\_\_\_\_ Savings Account # 2

**Direct deposit will not start until after the payroll company verifies all banking information. Hard checks will be issued prior to direct deposit set-up is complete.**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_