

AUTHORIZATION FOR DIRECT DEPOSIT
GLOUCESTER CITY BOARD OF EDUCATION
520 Cumberland & Joy Streets
Gloucester City, NJ 08030

Name: _____

Address: _____

Social Security #: _____

Instructions: PLEASE PRINT LEGIBLY

- A. Enter your name and mailing address.
- B. Circle the type of account and print your account number.
- C. You and all other parties to this account must sign this form.
- D. Attach a VOIDED check or deposit slip to the application.
- E. Return the completed form to the mailing address above.

Allow up to 30 days for direct deposit to begin. If you change accounts or financial institutions, notify the Board of Education **immediately**; a new form must be completed. If your financial institution does not accept electronic transfers, your check will be distributed directly to you. It is not the responsibility of the Board of Education for new account numbers and/or ABA routing numbers issued by banking institutions.

| | |
|---|-------------------------------|
| Account Information: | |
| Name of Bank: | _____ |
| ABA Routing Number: | _____ |
| Account Number: | _____ |
| Type of Account (Circle One): | Checking or Savings |
| For Deposits to Multiple Accounts please fill out the additional account information below and specify the amount to be deposited: | |
| Name of Bank: | _____ |
| ABA Routing Number: | _____ |
| Account Number: | _____ |
| Type of Account (Circle One): | Checking or Savings |
| Amount to be deposited: | \$ _____ |

**Please stop my current Direct Deposit: _____ Effective Date: _____

Employee's Signature: _____

Signature of Additional Account Holders: _____