

WARREN COUNTY SPECIAL SERVICES SCHOOL DISTRICT
682 OXFORD ROAD
OXFORD, NJ 07863
TEL: 908-223-7303 FAX: 908-223-7314

SUBJECT: DIRECT DEPOSIT SIGN UP

This is the form needed for Direct Deposit to any Depository/Bank. This can be changed at any time. Please fill out and return to my attention as soon as possible with a **VOIDED BLANK CHECK (NOT A DEPOSIT SLIP). CHECK BOX FOR SAVINGS ACCOUNT IF YOU WANT DIRECT DEPOSIT TO A SAVINGS ACCOUNT. YOUR FIRST PAY WILL BE A CHECK (WHILE A PRENOTE IS DONE TO MAKE SURE ALL NUMBERS ARE CORRECT) AND THE NEXT PAY WILL BE DIRECT DEPOSIT.** Any questions, call 908-223-7303.

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
NEW AUTHORIZATION**

I hereby authorize W.C.S.S.D. ("Company"), to initiate by electronic means direct deposits (credit entries) of my net earnings to my Checking () **OR** Savings () account in the entity named below ("Depository") and to initiate, if necessary, debit entries and adjustments for any credit entries in error. I authorize the Depository to accept and to credit and/or debit the amount of such entries to my account.

DEPOSITORY (BANK) NAME () - AREA CODE - TELEPHONE NUMBER

ADDRESS STATE ZIP CODE

ACCOUNT NUMBER TRANSIT/ABA NUMBER (9 DIGIT NUMBER FROM BOTTOM OF CHECK)

This authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company and the Depository a reasonable opportunity to act on it and in no event shall a termination notice be effective with respect to entries processed by the Company or the Depository prior to its receipt.

EMPLOYEE NAME (PRINT) DATE

EMPLOYEE SIGNATURE S.S. #

SUBMIT TO YOUR PAYROLL DEPARTMENT WITH A VOIDED BLANK PERSONALIZED CHECK

PRENOTE _____

DIRECT DEPOSIT _____

ATTACH CHECK HERE