

CARLSTADT PUBLIC SCHOOL
Carlstadt NJ

AUTHORIZATION FOR DIRECT DEPOSIT

INSTRUCTIONS:

- A: Enter your name, mailing address, Social Security number, home telephone number and email address. (Your direct deposit payroll form will be emailed to this address)
- B: Mark the appropriate reason for request, and print the financial institution's account number, routing number and name and address where indicated.
- D: You must sign the form.
- E: Attach a VOIDED check and return the completed form to the CENTRAL OFFICE.

RECIPIENT INFORMATION — Please Print

Name: _____

Address: _____

Social Security No: _____

Home Phone No: (_____) _____

Email Address _____

REASON FOR REQUEST (CHECK ONE):

- BEGIN DIRECT DEPOSIT CHANGE OF FINANCIAL INSTITUTION
 CHANGE ACCOUNT NUMBER

TYPE OF ACCOUNT (circle one): CHECKING SAVINGS

(ACCOUNT NUMBER) FINANCIAL INSTITUTION

(ROUTING NUMBER) INSTITUTION ADDRESS

CITY, STATE , ZIP

ATTACH VOIDED CHECK

Employee Signature

Date