

Egg Harbor Township Board of Education

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DIRECT DEPOSIT **ENROLLMENT IS MANDATORY**

Part 1: to be completed by employee

- New
 Change Existing Account
 Add Additional Account

Name: _____

Address: _____

Social Security #: _____

I authorize my payment to be sent to my financial institution to be deposited in the designated account listed below.

Employee Signature

Date

Part 2: If you are requesting a direct deposit to a checking account, please attach a voided check. If you cannot attach a check or are depositing into a savings account, your financial institution must complete this section.

Name of Financial Institution: _____

Bank Routing Number: _____ AMOUNT

Account Type: _____ Checking or _____ Savings \$ _____

Account Number: _____

Bank Official Signature

Date

School Use Only: emp# _____ input date _____ effective date _____