



# EAST RUTHERFORD PUBLIC SCHOOLS

## Office of the Board of Education

250 Grove Street

East Rutherford, NJ 07073

Phone: (201) 623-8150 Ext. 2004

Email: [Payroll@erboe.net](mailto:Payroll@erboe.net)

### DIRECT DEPOSIT AGREEMENT FORM

#### AUTHORIZATION AGREEMENT

I \_\_\_\_\_ hereby authorize **East Rutherford School District** to initiate automatic deposits to my account at the financial institution named below. I also authorize **East Rutherford School District** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **East Rutherford School District** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution, or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **East Rutherford School District** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

#### ACCOUNT INFORMATION

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Checking  Savings

Amount: \$ \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Checking  Savings

Amount: \$ \_\_\_\_\_

#### SIGNATURE

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*Direct Deposit of your paycheck will take approximately 2 pay periods from the time your application is received in the Payroll Department at the Board Office.**

**Please attach a voided check or bank verification letter and return this form to the Payroll Department.**