

**MATAWAN-ABERDEEN REGIONAL SCHOOL DISTRICT
BUSINESS OFFICE – PAYROLL DEPARTMENT
One Crest Way, Aberdeen, New Jersey 07747
Phone: 732-705-4064
Fax: 732-705-4091**

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

PLEASE RETURN THIS FORM WITH A VOIDED CHECK

1. ACTION

<input type="checkbox"/>	NEW ENROLLMENT
<input type="checkbox"/>	CHANGE TO ENROLLMENT

2. EMPLOYEE INFORMATION

EMPLOYEE NAME _____

3. BANKING INFORMATION – ACCOUNT #1

BANK NAME _____ Checking ____ Savings ____

ABA ROUTING # _____ ACCOUNT # _____

AMOUNT OF DEPOSIT **100%** _____ **OTHER** _____ (*Amount or percentage*)

BANKING INFORMATION – ACCOUNT #2

BANK NAME _____ Checking ____ Savings ____

ABA ROUTING # _____ ACCOUNT # _____

AMOUNT OF DEPOSIT _____ (*Amount or percentage*)

4. AGREEMENT/AUTHORIZATION

I hereby acknowledge that I am an authorized signer on the above account(s). I hereby authorize **Matawan-Aberdeen Regional School District**, hereinafter called Company, to initiate credit entries to my account(s) indicated above, hereinafter called Receiving Bank to credit the same to such account. Charges to said account(s) initiated by Company may only be made to reverse credit amounts erroneously posted. This authorization is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Bank a reasonable opportunity to act on it.

Employee Signature

Date

**** Changes may take up to two pay periods. During this time, you will receive live paychecks. ****