

Scotch Plains-Fanwood Board of Education DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE NAME: _____

Last 4 digits of Social Security # _____ Or Employee ID # _____

1. **New Request**

Change Request

I hereby authorize the Scotch Plains-Fanwood Board of Education to initiate credit entries to my account with the Financial Institution(s) indicated below. Further, I authorize the Scotch Plains-Fanwood Board of Education to initiate, if necessary, debit entries and adjustments for direct deposit transactions. This authorization is to remain in full force and effect until the Scotch Plains-Fanwood Board of Education has received written notification from me of its termination in such time and in such manner as to afford the Scotch Plains-Fanwood Board of Education and the Financial Institution a reasonable opportunity to act on it.

Notice to Employees:

- ✓ *This form will override all other direct deposit authorization forms*
- ✓ *You may deposit into 2 different accounts/banks, either checking or savings accounts only.*
- ✓ *You must specify one default account as the Primary account.*
- ✓ *In order to ensure accuracy of information, please submit a "voided" check (checking) or a bank letter for each account listed.*
- ✓ *First pay after form is received will be a live check. This allows us to validate your bank account and routing # prior to initiating direct deposit into the account(s)*
- ✓ *Paystubs are viewed on the employee portal: www.doculivery.com/systems3000-spfps*
- ✓ *Paystubs for direct deposit are not sent out, but can be printed from doculivery.*

1. PRIMARY/DEFAULT ACCOUNT [Required for all new entries]

Bank Name: _____

Routing #: _____ (must be 9 digits)

Account #: _____

Account Type: Checking Savings

Amount to Deposit: Entire Net Pay (for single account only)

Remaining Net Pay (multiple accounts)

2. SECONDARY ACCOUNT [optional]

Bank Name: _____

Routing #: _____ (must be 9 digits)

Account #: _____

Account Type: Checking Savings

Amount to Deposit: \$ _____ (flat amount)

SIGNATURE: _____ DATE: _____

Required

Required