

**EVESHAM TOWNSHIP SCHOOL DISTRICT  
25 S. Maple Avenue  
Marlton, NJ 08053  
Ph: (856) 983-1800 – Fx: (856) 988-0804**

**DIRECT DEPOSIT AUTHORIZATION**

**Employee Name:** \_\_\_\_\_

First Depository	
Depository Name:	_____
ABA Routing #:	_____
Account #:	_____
Checking <input type="checkbox"/> Savings <input type="checkbox"/>	
(please check one)	
Direct Deposit Amount:	_____
<ul style="list-style-type: none"> <li>• If depositing full pay, write "ALL"</li> <li>• If depositing partial amount, enter dollar amount and proceed to 2<sup>nd</sup> Depository to the right</li> </ul>	

2 <sup>nd</sup> Depository	
Depository Name:	_____
ABA Routing #:	_____
Account #:	_____
Checking <input type="checkbox"/> Savings <input type="checkbox"/>	
(please check one)	
Direct Deposit Amount:	_____
<ul style="list-style-type: none"> <li>• Direct Deposit Amount will be the remaining balance</li> </ul>	

**PLEASE ATTACH A VOIDED CHECK(S) SHOWING YOUR ACCOUNT NUMBER(S) AND ABA ROUTING NUMBER(S) FOR EACH FINANCIAL INSTITUTION. DIRECT DEPOSITS MAY TAKE MORE THAN ONE PAY PERIOD TO BECOME EFFECTIVE DUE TO CERTAIN BANKING REQUIREMENTS**  
**PLEASE BE SURE TO DOUBLE CHECK YOUR PAY ENVELOPE EACH PAY DAY!!!**

**Authorization:**

I authorize the Evesham Township Board of Education payroll department (hereafter referred to as the employer) to deposit my periodic pay into my account(s) identified as an held at the financial institution(s) named above and I attest that such account(s) exist and that the financial institution(s) can make deposits without responsibility for the corrections of such amounts. My authorization will remain in effect until I give written notice to terminate this authorization to my employer in sufficient time and manner as to allow my employer to act upon it. In addition, either my employer or the financial institution can terminate this agreement by providing me with written notice at least 10 days prior to actual termination. I have provided my employer with a copy(s) of avoided check(s) solely for the purpose of verifying my account number and the financial institution ABA routing number(s):

\_\_\_\_\_  
Employee Signature                      Date

*(This section is to be filled out only if employee wishes to cancel their direct deposit authorization)*

CANCEL MY DIRECT DEPOSIT REQUEST	
I, _____	no longer wish to participate in direct deposit.
Print Name	
_____ Employee Signature	_____ Date

