

CAMDEN COUNTY EDUCATIONAL SERVICES COMMISSION

AUTHORIZATION FOR DIRECT DEPOSIT

EMPLOYEE'S NAME: _____

BANK NAME: _____

BANK ADDRESS: _____

BANK ACCOUNT: _____ CHECKING _____ SAVINGS

BANK ACCOUNT NUMBER : _____

TRANSIT ROUTING NUMBER: _____

*A pre-notification will be sent to your bank for verification of your account and routing numbers. If no problems are reported, participation in the automatic payroll deposit plan will begin on the third pay period following the receipt of this request.

I hereby authorize that my paychecks begin being directly deposited to the bank and account shown above.

Date

Signature

Mary Smith		1234
123 Main St.		15-0000/000
Anyplace, NJ 10000	Date: _____	
Pay to the order of: _____	\$	
_____	Dollars	
Anyplace Bank		
For _____	_____	
123456789	123456	1234

Routing #

Account #

Check #