



Somerset and Somerset Berkley Regional
School Districts
All Students Achieving Excellence

Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount per Pay Period: \$ _____ _____% or Entire Paycheck

Type of Account: Checking Savings (Circle One)

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount per Pay Period: \$ _____ _____% or Entire Paycheck

Type of Account: Checking Savings (Circle One)

Please attach a statement/voided check for each bank account to which funds should be deposited.

Somerset/Somerset Berkley Regional School District is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Somerset/Somerset Berkley Regional School District is also hereby authorized to debit my account(s) for the purpose of correcting an erroneous credit previously initiated to my accounts(s). Notifications of any correcting debits and credits will be communicated to me through the payroll clerk.

Employee Signature: _____ Date: _____