

**THE NEWARK PUBLIC SCHOOLS
OFFICE OF PAYROLL
DIRECT DEPOSIT AUTHORIZATION FORM**

Please complete (print or type) this form and forward to the attention of:

DOROTHY HATCHER, DIRECT DEPOSIT, OFFICE OF PAYROLL

I authorize The Newark Public Schools and the Bank(s) listed below, to automatically deposit my net pay into my account(s) each payday. This authorization will remain in effect until I have cancelled in writing. If funds to which I am not entitled are deposited into my account(s), I authorize The Newark Public Schools to direct the Bank(s) to return said funds. The Newark Public Schools reserves the right to remove an employee from this program by way of written notice.

APPLICANT INFORMATION:	
Last Name:	First Name:
Name (Please Print)	
()	- -
Phone Number	Social Security Number

PRIMARY ACCOUNT:	
Bank Name	Bank Address City State
Bank Account Number	Bank Routing Transit Number
This account is (circle one)	Checking Savings

SECONDARY ACCOUNT:	
Bank Name	Bank Address City State
Bank Account Number	Bank Routing Transit Number
This account is (circle one)	Checking Savings
Fixed Deposit Amount (Dollars Only)	\$.00
Signature	Date

ATTACH A BLANK, VOIDED CHECK IF DEPOSIT IS TO BE MADE TO A CHECKING ACCOUNT.