

DIRECT DEPOSIT AUTHORIZATION

Payroll Authorization: I authorize the automatic transfer of my net pay to the following bank account (SELECT ONLY ONE CHECKING OR SAVINGS fill in ALL requested information):

CHECKING ACCOUNT (MUST PROVIDE A VOIDED CHECK OR A COMPLETED BANK FORM)

BANK NAME: _____

***BANK ROUTING NUMBER:** _____

BRANCH ADDRESS: _____

CITY, STATE, ZIP CODE: _____

ACCOUNT NUMBER: _____

SAVINGS ACCOUNT (MUST ATTACH A PREPRINTED DEPOSIT SLIP OR COMPLETED BANK FORM)

BANK NAME: _____

***BANK ROUTING NUMBER:** _____

BRANCH ADDRESS: _____

CITY, STATE, ZIP CODE: _____

ACCOUNT NUMBER: _____

MUST COMPLETE THIS SECTION

NAME (PLEASE PRINT) _____

TELEPHONE #: _____

SIGNATURE: _____

DATE: _____

IF YOU HAVE AN EXSISTING ACCUONT ON FILE IT IS YOUR RESPONSIBILITY TO NOTIFY THE PAYROLL OFFCE IN WRITING THAT YOU ARE CLOSING YOUR EXSISTING ACCOUNT AND STARTING A NEW ACOUNT. SUBMIT A LETTER ALONG WITH THE DIRECT DEPOSIT FORM.

**RETURN TO THE PAYROLL DEPARTMENT. WEST HAVEN BOARD OF EDUCATION,
PAYROLL DEPT**