Bernards Township

DIRECT DEPOSIT AUTHORIZATION FORM

I authorize the Township of Bernards and the bank(s) listed below to automatically deposit my pay into these account(s) each payday. If funds to which I am not entitled are deposited to my account(s), I authorize the Township of Bernards to redirect the bank to return said funds. This authority will remain in effect until I have canceled it in writing.

Employee Name (Print): _____   Date: _____

Your paycheck's Direct Deposit notification will be emailed to you. Please provide your **personal** email address for delivery of the Direct Deposit notification:

Email Address: _____

In the following section, please provide the bank name and location in addition to the nine digit routing number. Include the account number and the amount to be deposited in each account. Please indicate whether the account is a **Savings** or **Checking** account by circling the appropriate word. You may also opt to use the account information we have on file from last season.

- **For a Checking Account Direct Deposit**, attach a check with the word "VOID" written across it. If the account number is different than the number on your check, please indicate such on the line below.
- **For a Savings Account Direct Deposit**, attach a **bank-provided** direct deposit enrollment request form from your bank, containing routing and account information. (NOT your deposit slip!)

1. _____   _____   _____   _____   Savings
             Bank Name   Routing Number   Account Number   Amount   Checking

2. _____   _____   _____   _____   Savings
             Bank Name   Routing Number   Account Number   Amount   Checking

> ***IMPORTANT: If you have changed your bank account since <u>last season</u> you must submit a new form otherwise your account information that was provided last year will be used.**

Please check one of the following and **sign**:

☐ Use the above information I have provided.   ☐ Use the account information provided previously.

Employee Signature:_____   Date:_____

CHECKING: Attach voided check here.

SAVINGS: Attach enrollment request form to this form.