South Bergen Jointure Commission

BOARD OF EDUCATION 500 Route 17 South, Suite 307 Hasbrouck Heights, NJ 07604 www.njsbjc.org (P) 201-393-0475 / (F) 201-288-2825

DIRECT DEPOSIT AUTHORIZATION INSTRUCTIONS

- Please check box if account is checking or savings
- Depository name and address = Bank name and address
- Transit/ABA # is located to the left of the check
- Account # is located after the Transit/ABA #
- Print and sign name, date and return to Barbara Wegorek, Payroll/Benefits Coordinator, SBJC Board of Education
- A voided check must be attached

Authorization Agreement for Automatic Deposits New Authorization

earnings to my \square Checking or \square S initiate, if necessary, debit entries a	Savings account in the entity named below ("Depository") and to and adjustments for any credit entries in error. I authorize the and/or debit the amount of such entries to my account.
Depository Name	
Address	
Account Number	Transit/ABA Number
notification from me of its termination and the Depository a reasonable oppository	ce and effect until the Company has received written on in such time and in such manner as to afford the Company ortunity to act on it and in no event shall a termination notice bessed by the Company or the Depository prior to its receipt.
Employee Name	Date
Employee's Signature	
Submit to your payroll department with	a voided blank personalized check

ATTACH CHECK HERE