

**DIRECT DEPOSIT  
AUTHORIZATION FORM**

Name of Depositor \_\_\_\_\_  
(Print name as Shown on Bank Records)

Depository Bank \_\_\_\_\_  
(Name of Bank and Branch, if any)

I authorize the Ramapo-Indian Hills Board of Education each payday, to deposit my entire paycheck(s) directly to the bank account named above. This authority will remain in force until I have given the Board written notification that I have terminated it, or until the Board has notified me that it has terminated this deposit service. I understand I must give the Board enough advance notice to give it reasonable time to act on my instructions.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

PLEASE ATTACH A VOIDED CHECK OR PHOTO COPY FOR VERIFICATION OF BANK DATA

Jane Doe 1 Meadow Place Hunter NJ 07021	Date _____	
Pay to the Order of _____	\$ _____	
_____ Dollars		
<b>SAMPLE</b>		
TRANSIT/ABA#	ACCT#	CHECK#
00000000	00000000	000000