Franklin

TOWNSHIP OF FRANKLIN PUBLIC SCHOOLS

3228 Coles Mill Road Franklinville, Nj 08322 www.franklintwpschools.org

Direct Deposit Authorization Form

Substitutes

I hereby authorize the Township of Franklin Board of Education (Board) to initiate by electronic transfer, direct deposits (credit entries) of my net earnings to my account in the entity named below (Bank Name) and to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

	Check One:		
	New Authorization	Change to Another Depository	
	Change Account Number	Cancellation	
Bank Name		Transit/ABA Number (9 digit #)	
Checking _	Savings (please check one)	Account Number	
This authority is to remain in full force and effect until the Board has received written notification from me of its termination in such time and manner as to afford the Board and the Depository a reasonable opportunity to act on it.			
Employee N	ame (print)		
Employee Si	gnature	Date	

IMPORTANT: 1ST PAYCHECK WILL BE A LIVE CHECK