

HAMILTON TOWNSHIP BOARD OF EDUCATION

Direct Deposit Agreement Form

Employee Name _____

Social Security Number _____

Telephone Number _____

Authorization Agreement

I hereby authorize **The Hamilton Township Board of Education** to initiate automatic deposits to my account at the financial institution named below. I also authorize **The Hamilton Township Board of Education** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **The Hamilton Township Board of Education** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **The Hamilton Township Board of Education** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature _____ Date: _____

Please attach a voided check and return this form to the Payroll Department.

_____ New Service _____ 3rd Account \$ _____ Amount

_____ Change of Service _____ 4th Account \$ _____ Amount

_____ Termination of Service

_____ Primary Account (Entire Net Pay)

_____ 2nd Account \$ _____ Amount