



College Drive, PO Box 2001
 Toms River, NJ 08754-2001
phone 732.255.0400
fax 732.864-3847

DIRECT DEPOSIT AUTHORIZATION FORM

Complete this form to initiate, terminate or change an account(s) to be used for the direct deposit of payroll. Return this form to the Payroll Department, fully completed, along with either a ❶ VOIDED CHECK, ❷ a CHECK COPY, or ❸ a BANK SPECIFICATION SHEET.

Employee Name _____ Employee ID _____

Department _____ Office Extension _____

JOB CLASSIFICATION Full-Time Part-Time Adjunct Reservist Student CPE Instructors

CHECK THE APPROPRIATE BOX:

New Change Account/Dollar Amount Add Additional Account(s) Terminate

Name of Primary Bank/Financial Institution _____

Routing/ABA # of Primary Bank _____

Primary Bank Account Number _____

Type of Account Checking Savings

Name of Additional Bank _____

Routing/ABA # of Add'l Bank _____ Add'l Bank Account # _____

Type of Account Checking Savings Per Pay Deposit Amount _____

Name of Additional Bank _____

Routing/ABA # of Add'l Bank _____ Add'l Bank Account # _____

Type of Account Checking Savings Per Pay Deposit Amount _____

Name of Additional Bank _____

Routing/ABA # of Add'l Bank _____ Add'l Bank Account # _____

Type of Account Checking Savings Per Pay Deposit Amount _____

EMPLOYEE SIGNATURE _____ Date _____

FOR PAYROLL USE ONLY

Submission Date: _____ Date Entered: _____

Entered By: _____ Live Date: _____