

# Linden City Board of Education

## Payroll Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize **Linden City Board of Education** to initiate automatic payroll deposits to my account at the financial institution named below. I also authorize **Linden City 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 **Linden City 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 **Linden City Board of Education** receives a written notice of cancellation from me or my financial institution in such time and manner as to afford **Linden City Board of Education** a reasonable opportunity to act on it.

### Account Information

Name of Financial Institution: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking  or Savings

For Checking Deposits - attach a VOIDED CHECK not a deposit slip

For Savings Deposits - attach a deposit slip and include the routing number and account number

### Signature

Print Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_