

EGG HARBOR TOWNSHIP BOARD OF EDUCATION

Judy Millar, Payroll 13 Swift Drive Egg Harbor Township, NJ 08234
Phone: 609-646-7911 x1024 Fax: 609-601-2923 Email: millarj@eht.k12.nj.us

DIRECT DEPOSIT
ENROLLMENT IS MANDATORY

Complete and **Return in Person** to Slaybaugh Primary District Offices. Please bring ID for verification.

Part 1: To be Completed by Employee

New Account

Change Existing Account _____ (last 4 digits of account)

Add Additional Account

Remove Existing Account _____

Name _____

Address _____

Social Security # _____

Egg Harbor Township BOE is hereby authorized to directly deposit my pay to the account listed below. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature

Date

Part 2: Attach a Blank, Voided Check.
If unable to include check, the financial institution must complete this section

Name of Financial Institution _____

Bank Routing Number _____

Account Type Checking Savings

Account Number _____

Amount \$ _____ _____% Entire Paycheck

Bank Official Signature

Date