THE NEWARK PUBLIC SCHOOLS
OFFICE OF PAYROLL
DIRECT DEPOSIT AUTHORIZATION FORM

Please complete (print or type) this form and forward to the attention of: OFFICE OF PAYROLL

I authorize the Newark Public Schools and the Bank(s) listed below, to automatically deposit my net pay into my account(s) each payday. This authorization will remain in effect until I have cancelled in writing. If funds to which I am not entitled are deposited into my account(s), I authorize The Newark Public Schools to direct the Bank(s) to return said funds. The Newark Public Schools reserves the right to remove an employee from this program by way of written notice.

_____ _____ _____

Name (Please Print Clearly) **I.D. Number** **Phone Number**

For Checking account you must supply a voided check or document from your bank.

PRIMARY ACCOUNT: **Account (circle one): Checking or Savings**

_____ _____

Bank Name **Bank Address City State**

_____ _____

Bank Routing Transit Number **Bank Account Number**

Circle if you would like to: Activate or Deactivate or Reactivate or Change

For Checking account you must supply a voided check or document from your bank.

SECONDARY ACCOUNT: **Account (circle one): Checking or Savings**

_____ _____

Bank Name **Bank Address City State**

_____ _____

Bank Routing Transit Number **Bank Account Number**

$ _____.00
Fixed Deposit Amount (Dollars Only)

Circle if you would like to: Activate or Deactivate or Reactivate or Change

In case we need to contact you please provide a valid email account. If you have a NPS account Circle NPS:

NPS or Email: _____

_____ _____

Signature **Date**

ATTACH A BLANK, VOIDED CHECK IF DEPOSIT IS TO BE MADE TO A CHECKING ACCOUNT.