

## **Newark Board of Education**

Dr. Yolanda Méndez Assistant Superintendent of Human Resource# Where Passion Meets Progress

## OFFICE OF PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Please complete this form and bring it to OFFICE OF PAYROLL (please have photo ID available) You can also send this form electronically to <a href="mailto:payrollcs@nps.k12.nj.us">payrollcs@nps.k12.nj.us</a>

I authorize the Newark Board of Edu my account(s) each payday. This au which I am not entitled are deposited Bank(s) to return said funds.	thorizati	on will remair	n in effe	ect until I	have	cancelled in writing. If	funds t
Full Name (Please Print)	NPS ID	Number	Phone Number			Email Address	
PRIMARY ACCOUNT: (balance of n Account (circle one): Checkin	et pay af		seconda	ary accour	nt)		
Bank Name	_	Bank Address	3		City	State	
Bank Routing Transit Number  Circle if you would like to: Activate		Bank Account		eactivate	or	Change	
SECONDARY ACCOUNT: Account	(circle or	ne): Cho	ecking	or	Savir	ngs	
Bank Name	_	Bank Address	3	City		State	
Bank Routing Transit Number  \$		Bank Account	t Numb	oer			
Circle if you would like to: Activat		Deactivate	or R	eactivate	or	Change	
Signature			Date			_	

ATTACH A BLANK, VOIDED CHECK OR BANK DOCUMENTATION FOR DEPOSITS TO CHECKING ACCOUNTS#