

WEST ORANGE BOARD OF EDUCATION
DIRECT DEPOSIT AUTHORIZATION AGREEMENT

<u>Name</u>	<u>School</u>	<u>Department</u>
-------------	---------------	-------------------

I hereby authorize the West Orange Board of Education to initiate credit entries and if necessary, debit entries for any corrections or adjustments to my account(s) indicated below and the depository institution(s) named below:

Date _____ Signature _____

Please check

Primary Account

Checking Savings

<u>Depository Name</u>	<u>Account #</u>	<u>Per Pay Deposit Amt.</u>	<u>Bank AMA 9 Digit #</u>
------------------------	------------------	-----------------------------	---------------------------

Secondary Account

Checking Savings

<u>Depository Name</u>	<u>Account #</u>	<u>Per Pay Deposit Amt.</u>	<u>Bank AMA 9 Digit #</u>
------------------------	------------------	-----------------------------	---------------------------

Tertiary Account

Checking Savings

<u>Depository Name</u>	<u>Account #</u>	<u>Per Pay Deposit Amt.</u>	<u>Bank AMA 9 Digit #</u>
------------------------	------------------	-----------------------------	---------------------------

Note: A voided check for each account must accompany this form. If it is a savings or credit union account, a copy of the top portion of the statement showing the name and account number is necessary.