

Camden City Board of Education
1033 Cambridge Street
Camden, NJ 08105
Ph: (856).966.2000 ext. 38810

Authorization Agreement for Direct Deposit

Name: _____ **Employee ID #:** _____

I hereby authorize the Camden City Board of Education to make payroll deposits to the depository institution and the account listed below.

This is an application for:

_____ New Direct Deposit
_____ Additional Direct Deposit
_____ Stop Existing Direct Deposit and replace with new Direct Deposit,
Old Account #: _____

Primary Account:

Bank Name: _____
ABA Routing Number: _____ (attach voided check with application)
Account Number: _____
Type of Account: Checking _____ Savings _____ Amount or Net: _____

Secondary Account:

Bank Name: _____
ABA Routing Number: _____ (attach voided check with application)
Account Number: _____
Type of Account: Checking _____ Savings _____ Amount or Net: _____

Employee Signature **Date**

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Process By: _____ Date: _____

PLEASE SUBMIT TO PAYROLL WITH VOIDED BLANK CHECK ALONG WITH EMPLOYEE IDENTIFICATION