Haddon Heights Board of Education
Direct Deposit Request Form

Employee Name: _____ **School:** _____

Deposit Account # 1 **Bank Name:** _____

Routing #: | | | | | | | | | |

Account #: | | | | | | | | | | | | | | |

Deposit Amount:

$

(Percentage or Dollar Amount)

Account Type: ☐ Checking ☐ Savings

If you want the entire check to be deposited into one account, write "Net Pay" in the Deposit Amount.
Please attach a voided check(s)

Deposit Account # 2 **Bank Name:** _____

Routing #: | | | | | | | | | |

Account #: | | | | | | | | | | | | | | |

Deposit Amount:

$

(Percentage or Dollar Amount)

Account Type: ☐ Checking ☐ Savings

Deposit Account # 3 **Bank Name:** _____

Routing #: | | | | | | | | | |

Account #: | | | | | | | | | | | | | | |

Deposit Amount:

$

(Percentage or Dollar Amount)

Account Type: ☐ Checking ☐ Savings

I authorize the Haddon Heights Board of Education to initiate deposits and, if necessary, withdrawals to correct erroneous deposit entries to my account(s) listed above. I understand that this authorization replaces any previous authorizations, and will remain in effect until the company named above has received written notification from me of its termination in a reasonable enough time to act.

Signature: _____ ***Date:*** _____