

RETURN TO PAYROLL

I, _____, Soc. Sec # _____

I HEREBY AUTHORIZE PENNS GROVE – CARNEYS POINT REGIONAL BOARD OF EDUCATION TO DEPOSIT MY NET PAY DIRECTLY INTO MY CHECKING OR SAVINGS ACCOUNT AS FOLLOWS: NOTE: MAXIMUM OF (2) ACCOUNTS ONLY

1. Financial Institution: _____

Bank ABA# _____
(Or attach copy of voided check))

Account No.: _____

Account Type: (C or S) _____

Amount or Net Pay _____

BANK PHONE NUMBER _____

2. Financial Institution: _____

Bank ABA# _____
(Or attach copy of voided check))

Account No.: _____

Account Type: (C or S) _____

Amount or Net Pay _____

BANK PHONE NUMBER _____

This supercedes all previous instructions, if any.

Date

Signature

(PLEASE ATTACH VOIDED CHECK)
