

RETURN TO PAYROLL

I, _____, Soc. Sec # _____

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: (ONE ACCOUNT ONLY)

1. Financial Institution: _____

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

Account No.: _____

Account Type: (C or S) _____

BANK PHONE NUMBER _____

This supercedes all previous instructions, if any.

Date

Signature

(PLEASE ATTACH VOIDED CHECK)

FOR OFFICE USE ONLY

ABA# _____ VERIFIED BY: _____

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