

NORTHERN REGION EDUCATIONAL SERVICES COMMISSION

45 Reinhardt Road, Wayne N.J. 07470

PAYROLL DEPT.

Telephone: (973) 389-4212

Fax: (973) 389-4399

DIRECT DEPOSIT

EMPLOYEE NAME: _____ *(Wayne ESY Program)*

Please print clearly

EMAIL ADDRESS: _____

I hereby authorize Northern Region ESC to initiate by electronic means direct deposit of my net earnings to my account into the depository bank named below. I authorize my depository bank to accept and to credit and/or debit the amount of such net earnings to my account. This authority shall remain in full force and effect until the district receives written notification from me its termination in such time and manner as to afford the district and depository bank a reasonable opportunity to act on it and in no event shall a termination notice be effective with respect to deposits processed by the district on the depository bank prior to its respect.

_____ Date _____ Employee Signature

ACCOUNT INFORMATION:

BANK BRANCH NAME / ADDRESS: _____

CHECKING *If using a checking account for direct deposit, attach a voided blank personal check*

SAVINGS *If using a savings account for direct deposit, attach a blank deposit slip*

ACCOUNT #

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BANK TRANSIT/ABA NUMBER # (9 digits)

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Do not write below – for office use only

_____ Date _____ Approved Signature (Payroll)