



IRVINGTON PUBLIC SCHOOLS
Office of the Assistant Superintendent/Board Secretary

1 University Place – 4th Floor
Irvington, NJ 07111

(973) 399-6800 – Ext. 2120
(973) 399-6855 - Fax

DIRECT DEPOSIT AUTHORIZATION

Complete this form and submit to Payroll. You may also use this form to make changes to an existing Direct Deposit arrangement. Please make sure that all personal information is correct. This authorization will become effective by the next payroll period after this submission.

Check one:

New Authorization Change of Account Number Cancellation

Employee Name: _____ Employee ID _____

Phone Number: _____

Depository Name _____

Account Type: Checking Saving

Routing Number:

Account Number:

To ensure accuracy, please provide a voided check with this form.

Effective Date: _____ Entire Net Pay

Specific Amount: \$ _____ % of Net Pay

I authorize my employer to initiate credit entries and, if necessary, to initiate debit entries and adjustments to correct any Direct Deposit credit entry errors of above payroll or other amount to my above account, on a recurring basis until notified in writing that I revoke this authorization.

X _____
Employee Signature

Date