



**IRVINGTON PUBLIC SCHOOLS**

One University Place  
Irvington, New Jersey 07111  
(973) 399-6800 x 2120 (973) 399-6855 Fax

**DIRECT DEPOSIT AUTHORIZATION**

**Form must be submitted in person (ID will be required)**

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. **Please note that this authorization will become effective by the second 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.**

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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**