

RETURN TO PAYROLL

I, _____ Soc. Sec # _____

HEREBY AUTHORIZE PENNS GROVE – CARNEYS POINT
REGIONAL BOARD OF EDUCATION TO DEPOSIT MY PAY DIRECTLY
INTO MY CHECKING OR SAVINGS ACCOUNT(S) AS FOLLOWS:

1. Financial Institution: _____

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

Account No.: _____

Account Type: (C or S) _____

Amount or Net Pay _____

2. Financial Institution: _____

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

Account No.: _____

Account Type: (C or S) _____

Amount or Net Pay _____

This supercedes all previous instructions, if any.

Date

Signature

(PLEASE ATTACH VOIDED CHECK)
