EGG HARBOR TOWNSHIP BOARD OF EDUCATION

Brooke Tommi, Payroll 13 Swift Drive Egg Harbor Township, NJ 08234 Phone: 609-646-7911 x1024 Fax: 609-601-2923 Email: tommib@eht.k12.nj.us

DIRECT DEPOSIT

ENROLLMENT IS MANDATORY

Complete and Return in Person to Slaybaugh Primary District Offices. Please bring ID for verification.

D 4.1	T. I. C.	1 4 11	F 1			
Part 1:			y Employee			
	New Acc					
						(last 4 digits of account)
		litional Acc				
	Remove	Existing A	ccount			
Name						
Name						_
Address						
						_
						_
Social Security #	<u> </u>					_
Egg Harbor To	ownship B	OE is herel	by authorized t	o directly de	posit	my pay to the account
listed below.	Γhis autho	rization wi	ll remain in eff	ect until I m	odify	or cancel it in writing.
Employee Signature				Date		
Part 2:	Attach a	Blank, Vo	oided Check.			
	If unabl	e to includ	e check, the fi	nancial inst	itutio	n must complete this section
Name of Financial	Institutio	n				
Bank Routing	Number					
_			~1 · 1 ·			~ .
Account Type			Checking		Ш	Savings
A 4 NT 1						
Account Numb	er					
		\$		%		Entire Paycheck
A man arrest		را,		70		Entire Paycheck
Amount	_	Ψ				
Amount	_	Ψ				
	nlr Officia					Doto
	nk Officia	l Signature				Date

School Use Only Received by _____ Empl#: ____ Input Date: ____