

**South Plainfield Board of Education
Payroll Department
Direct Deposit Enrollment/Void Check Attachment**

New Request

Change Request

School Location: _____

SS Number: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Bank Name: _____

ABA Routing # _____

Account # _____

Type of Account:

Checking

Savings

I authorize you to begin debiting/crediting my new account immediately;
Amount to be deposited: Net Pay _____ or Fixed Dollar Amount \$ _____

Signature: _____

Date: _____

Signature _____
(Joint Account Holder)

Date: _____

Attach Voided Check Here:

Employee # _____