

EMAIL ADDRESS: _____

DIRECT DEPOSIT

Name	<i>Social Security Number</i>
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I (we) hereby authorize Bernards Township Board of Education, hereinafter called "BTBOE," to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit in error to my (our) Checking/Savings account(s) indicated below and the depository institution(s) named below, hereinafter called "DEPOSITORY," to credit and/or debit the same to such account(s).

You may apply your Direct Deposit to more than one account. Please indicate the amount or percentage you would like deposited into each account.

Depository Name	Branch
City, State	Zip
Transit/ABA Number (9 Digits)	Account Number
Checking/Savings (choose one)	Amount to be deposited (\$ or %)

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City, State	Zip
Transit/ABA Number (9 Digits)	Account Number
Checking/Savings (choose one)	Amount to be deposited (\$ or %)

This authority is to remain in full force and effect until BTBOE has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BTBOE and DEPOSITORY a reasonable opportunity to act on it.

Date	Signature
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