

Authorization Agreement For ACH Service Hammonton BOE

Please Note: Starting/Changing your bank information may result in a **LIVE Check**

Name	Social Security Number
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I hereby authorize my employer, **Hammonton BOE**, herein after called "**Company**", to initiate entries and to initiate, if necessary, debit entries and adjustments for any credit error to my account(s) indicated below and the depository institution named below, herein called "**Depository**", to credit and/or debit the same such account:

Primary Account

Depository Name (Bank)	Depository Name (Bank) <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number _____
Routing/ABA Number (9 Digits)	Amount to Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> \$ _____ (Fixed Amount)

If my company allows direct deposit to more than one account, I elect to have part of my pay put into the following account:

Optional Secondary Account

Depository Name (Bank)	Depository Name (Bank) <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number _____
Routing/ABA Number (9 Digits)	Amount to Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> \$ _____ (Fixed Amount)

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

Date	Signature
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PLEASE ATTACH A VOIDED CHECK