

DIRECT DEPOSIT
ELECTRONIC FUNDS TRANSFER
AUTHORIZATION AGREEMENT

I (we) hereby authorize **Westampton Township Board of Education** to initiate credit or debit entries and adjustments for any errors to my (our) account indicated below. The depository named below is also authorized to credit and/or debit same to the account specified.

Bank: _____

Address
or Branch: _____

Account Type: **Checking:** _____ **Savings:** _____
(Check One) (Attach voided check)

Account #: _____

Routing #: _____

Effective Date: _____
(30 days from date of this agreement)

If the money is to be deposited in a checking account, **please attach a voided check** to ensure that the account number and routing information is entered correctly. For savings accounts, please ask your bank for the routing number. This authority is to remain in effect until the Bank has received written notification of its termination in such time and in such manner as to afford the Bank and Depository a reasonable time to act on it. Thirty days' notice is considered minimum time for the Bank.

Name(s) _____
(Please print)

(Please print)

Signature _____ Date _____

Signature _____ Date _____

Note: Two signatures are required only if your joint checking or savings account require both.