

PLEASANTVILLE BOARD of EDUCATION

801 MILL ROAD, 3RD FLOOR

PLEASANTVILLE, NJ 08232

Phone: (609)383-6800 x 2543

DIRECT DEPOSIT FORM
FOR NEW EMPLOYEES ONLY

NAME: _____ SS#: _____ (Last Four)

I hereby authorize the Pleasantville Board of Education to initiate credit entries of my paycheck to the depository institution and account listed below. Also, if necessary, to make debit entries in the amount equal to the amount deposited.

 **THIS APPLICATION IS FOR NEW DIRECT DEPOSITS ONLY** 
Please attach a voided check or a Direct Deposit Form from your Bank

PRIMARY ACCOUNT

Bank Name: _____

Routing No.: _____ **Account Number:** _____

Checking: _____ **Savings:** _____ (Please check one)

Amount (or net) _____

SECONDARY ACCOUNT

Bank Name: _____

Routing No.: _____ **Account Number:** _____

Checking: _____ **Savings:** _____ (Please check one)

Amount (or net) _____

EXTRA PAY ALLOCATION: (Please check one)

To Primary Account No. _____ OR Secondary Account No: _____

Signature

Date

All changes
must be made
in person.

CHANGE OF DIRECT DEPOSIT FORM

(Please attach a voided check or a Direct Deposit Form from your Bank for all new accounts.)

NAME: _____ SS#: _____ (Last Four)

I hereby authorize the Pleasantville Board of Education to initiate credit entries of my paycheck to the depository institution and account listed below. Also, if necessary, to make debit entries in the amount equal to the amount deposited.

STOP EXISTING ACCOUNT (S)

Primary Account No.: _____ Bank Name: _____

Secondary Account No.: _____ Bank Name: _____

REPLACE WITH: PRIMARY: _____ **OR Secondary:** _____ (Please check One)

Bank Name: _____

Routing No.: _____ Account No.: _____

Checking: _____ Savings: _____ (Please check one)

Amount (or net) _____

TO ADD AN ADDITIONAL ACCOUNT

Bank Name: _____

Routing No.: _____ Account No.: _____

Checking: _____ Savings: _____ (Please check one)

Amount (or net) _____

CHANGE OF AMOUNT for EXISTING ACCOUNT

Account No: _____	Account No: _____
Old Amount: _____	Old Amount: _____
New Amount: _____	New Amount: _____

EXTRA PAY ALLOCATION: (Please check one)

To Primary Account No. _____ OR Secondary Account No: _____

Signature

Date