



Teaneck Public Schools
651 Teaneck Road, Teaneck, New Jersey 07666
Payroll Department

Phone (201) 833-5517
Fax (201) 833-2274

Email: Jkea@teaneckschools.org

TO: Payroll Department

DATE: _____

RE: Direct Deposit

(PRINT NAME)

For email copies of your direct deposit voucher please enter email address

I authorize the Board of Education of the Teaneck Public School District to electronically deposit my entire net pay or the below fixed denomination to my Savings/Checking Account each payday. I am enclosing a voided check or routing and account number (for savings deposit). I realize that at least three pay periods will elapse from the time I hand in my direct deposit information to the time my first check is directly deposited.

If monies to which I am not entitled are deposited to my account, I authorize my employer to direct the Financial Institution to return said funds to the Teaneck Board of Education. **I understand my responsibility to notify the Payroll Department of any change of account information listed below.**

I agree to indemnify and hold the Board of Education of the Teaneck Public School District, its officers, employees and agents harmless for any and all claims, which may arise regarding incorrect deposits to my account.

SIGNATURE

The account that I wish to deposit my check in is:

Savings

Net Pay

Checking

Fixed Amt. \$ _____
(Per Pay)

I do not have a check for the account that I want my paycheck deposited to; therefore, I am attaching documentation from my bank with the Routing and Account Numbers

Routing Number # _____ Account # _____

Last 4 SSN # _____

I am attaching a voided check from the Checking Account that I want to use for Direct Deposit.

**ATTACH VOIDED
CHECK HERE**

PAYROLL USE ONLY

Live/PN/Delete _____

New/Change _____

E-mail/SU Y/N