



Township of Parsippany – Troy Hills
Payroll Direct Deposit Authorization

_____ New authorization _____ Change _____ Cancellation

Date submitted _____

I hereby authorize the Township to initiate by electronic means direct deposits (credit entries) of my net earnings to my Checking or Savings account in the entity named below (Bank) and to initiate, if necessary, debit entries and adjustments for any credit entries in error. I authorize the bank to accept and to credit and/or debit the amount of such entries to my account.

ONE BANK AND ONE ACCOUNT ONLY

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Checking / Savings Bank

Name _____

Bank Address _____

Checking / Savings Account Number _____

Amount of Deposit _____ Full Amount _____ Partial Amount \$ _____

This authority is to remain in full force and effect until the Township has received written notification from me of its termination in such time and in such manner as to afford the Township and the Bank a reasonable opportunity to act on it and in no event shall a termination notice be effective with respect to entries processed by the Township or Bank prior to receipt.

Employees Signature _____

Date _____

Note: You must attach your VOIDED CHECK to this form and forward to the Finance Dept.

For office use only

Routing Number _____ Payroll effective date _____