

**FAIRFIELD BOARD OF EDUCATION
15 KNOLL ROAD
FAIRFIELD, NJ 07004**

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Fairfield Board of Education to initiate credit or debit entries to my account with the Financial Institution indicated below. This authorization will remain in full force and effect until Fairfield Board of Education has received written notification that an account has been closed or changed.

<u>(PRINT: LAST NAME,</u>	<u>FIRST NAME</u>
<u>CHECKING</u>	<u>SAVINGS</u>
<input type="checkbox"/> START	<input type="checkbox"/> CHANGE
<input type="checkbox"/> START	<input type="checkbox"/> CHANGE
<u>(NAME OF BANK)</u>	
<u>(ROUTING NUMBER)</u>	
<u>(ACCOUNT NUMBER)</u>	
<input type="checkbox"/> CANCEL AGREEMENT	

I have read the above and I authorize Fairfield Board of Education to make the deposit described on this form each pay period.

SIGNATURE

DATE

ATTACH VOIDED CHECK OR SAVINGS DEPOSIT SLIP HERE	
	3680
Jane A. Doe 1000 Main Street Anywhere, USA 10001	Date _____
Pay to the order of _____	\$ _____
_____	Dollars
Memo _____	X _____
▪: 123456789 ▪: 11484620040 ▪ 3680	