



**RIDGEWOOD BOARD of EDUCATION**  
**Ed Center – Payroll Department**  
 49 Cottage Place, Ridgewood NJ 07450

**DIRECT DEPOSIT**

Name (Please Print): \_\_\_\_\_ (last) \_\_\_\_\_ (first)

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Last 4 of SSN #: \_\_\_\_\_ email: \_\_\_\_\_

**Direct Deposit Authorization Agreement (check one)**

**New Enrollment**

**Change Direct Deposit**

**Cancel**

I hereby authorize the Ridgewood Board of Education to initiate electronic deposit of my net pay or the below fixed denomination to my Checking or Savings Account each pay period.

If funds to which I am not entitled are deposited to my account(s), I authorize the Ridgewood Board of Education to direct the Financial Institution to return said funds.

I understand it is my responsibility to notify the Payroll Department of any change of account information listed below.

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

This authorization will remain in effect until canceled in writing in sufficient time and in such manner to afford the Ridgewood Board of Education and Bank a reasonable opportunity to act on it.

<b>Direct Deposit 1 (Primary)</b>
<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/> NET
ROUTING# _____
ACCOUNT# _____

<b>Direct Deposit 2</b>
<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/> FLAT/FIXED \$ _____
ROUTING# _____
ACCOUNT# _____

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ATTACH A VOIDED CHECK FOR DIRECT DEPOSITS INTO CHECKING ACCOUNTS**  
 IF YOU DO NOT HAVE A VOIDED CHECK PLEASE ATTACH A BANK SPEC

\*NEW ENROLLMENTS AND BANK / FINANCIAL INSTITUTION CHANGES WILL RESULT IN PRENOTING YOUR DIRECT DEPOSIT FOR 1 PAY CYCLE.

*If you have any questions, please do not hesitate to call payroll at 201-670-2700 ext 10559 or 10536*