

## **ACH (Automated Clearing House) Authorization Form**

**Step 1:** Complete ACH authorization form

**Step 2:** Attach a voided personal check or personalized deposit slip to this form to verify your account number and bank routing number.

**Step 3:** Return completed form to the payroll department.

**Step 4:** Your direct deposit should begin within 2 pay periods after we receive your completed form.

### **Section I**

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Account Owner

Social Security number

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Address

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City, State and Zip Code

### **Section II**

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Name of Receiving Bank

ABA Routing/Transit #

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Account Number

Account Type (checking or savings)

I ( We) hereby authorize Haddon Heights Board of Education, hereinafter called the Company, to initiate debit and/or credit entries to my (our) account indicated below, at the Financial Organization named below, hereinafter called the Receiving Bank. This Authorization is to remain in full force and effect until the Company has received written notification from me (us) of its termination in such time and in such manner as to afford the Company a reasonable opportunity to act upon it.

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Authorized Signature

Date

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Authorized Signature (if joint account)

Date

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(For Payroll Office Use)

pre-note date \_\_\_\_\_ start date \_\_\_\_\_ stop date \_\_\_\_\_