VERNON BOARD OF EDUCATION
REQUEST TO BEGIN AND/OR CHANGE DIRECT DEPOSIT OF PAYROLL

I hereby authorize and request the Vernon Board of Education, hereinafter called VBOE, to make payment of any amounts owed to me for salary earned through the VBOE by initiating credit entries to my account as indicated in the depository financial institution named below, hereinafter called DEPOSITORY, and I authorize and request DEPOSITORY to accept any credit or correcting debit entries initiated by VBOE to such account and to credit/debit the same to such account without responsibility for the correctness thereof. Employees may request up to two separate accounts for preauthorized credits.

ACTION REQUESTED:

- BEGIN Direct Deposit of Payroll ☐
- ADD Secondary Direct Deposit Account ☐
- CHANGE My Bank Transit and/or Account ☐
- TERMINATE My Preauthorized Credits ☐

FINANCIAL INSTITUTION AND ACCOUNT INFORMATION

Financial Institution Account #1: ☐ Checking ☐ Savings ☐ Credit Union ☐ Brokerage

Institution Name: _____

Institution Address: _____

Transit Number (9 digits): ___ ___ ___ ___ ___ ___ ___ ___ ___

Account Number _____

I wish to deposit (check one):

☐ Entire Net Pay

☐ Specific Dollar Amount $ _____.00

Financial Institution Account #2: ☐ Checking ☐ Savings ☐ Credit Union ☐ Brokerage

Institution Name: _____

Institution Address: _____

Transit Number (9 digits): ___ ___ ___ ___ ___ ___ ___ ___ ___

Account Number _____

I wish to deposit (check one):

☐ Entire Net Pay

☐ Specific Dollar Amount $ _____.00

Please complete the Bank Transit and Account information with the assistance of your bank representative to insure that it is absolutely correct. A copy of a check or voided check must accompany this form to support the accuracy of your Bank Transit and Account Numbers. Please do not submit deposit slips for checking accounts as supporting documentation. For a savings account, submit a copy of your account number from your passbook or statement.

It is understood that I may terminate this agreement at any time by submitting written notification to VBOE. Any such notification to VBOE shall be effective only with respect to entries initiated by VBOE after receipt of such notification and a reasonable opportunity to act on it.

Name _____ Social Security # _____/_____/_____

Signed _____ Date _____

PAYROLL DEPARTMENT USE ONLY

Date Received _____ Initials _____

Date Processed _____ Initials _____