ATTACHMENT B

EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY

http://www.escnj.k12.nj.us

1660 Stelton Road
Piscataway, New Jersey 08854
Telephone: (732) 777-9848 Fax: (732) 777-9855

Mark J. Finkelstein
Superintendent

Gary E. Molenaar
Assistant Superintendent for Learning/Educational Services

Anthony LaMarco
Business Administrator/
Board Secretary

Attach a VOIDED CHECK for deposit into checking acct

Pay dates are the 15th and 30th

DIRECT DEPOSIT FORM

Authorization Agreement for Automatic Deposits (Credits)

Check One:

[ ] New Authorization [ ] Authorization to transfer To Another Depository [ ] Change of Account Number [ ] Cancellation

I hereby Authorize the Educational Services Commission of New Jersey to initiate by electronic means direct deposits (credit Entries) of my net earnings to my [ ] Checking or [ ] Savings account in the entity named below ("Depository") and to initiate, if Necessary, debit entries and adjustments for any credit entries in error. I authorize the Depository to accept and to credit and/or Debit the amount of such entries to my account.

Bank Name

City State Zip Code

Transit/ABA Number (Must be 9 Digits) | Account Number (Enter Only Numbers, Letters and Hyphens) | **If direct deposit is to a checking account attach a voided blank personalized check.**

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

Employee

Employee's Signature Date

Department Administrator's Signature Date