



Bayshore Jointure Commission
The Shore Center for Students with Autism
100 Tornillo Way
Tinton Falls, NJ. 07712
732-440-1122 www.theshorecenter.org

DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: _____ Effective Payroll Date*: _____

***Please submit your change request ten (10) calendar days before the 15th or the 30th payroll dates to allow for processing.**

Employee Job Title: _____ Social Security Number: _____

ACCOUNT #1: Bank Name: _____

☐ Checking

☐ Savings

Account #: _____ Bank Routing #: _____

DEPOSIT: Entire Check: _____ Dollar Amount: \$ _____ or Percentage _____ %

Choose **ONLY** one of the above.

☐ Voided check(NO checking deposit slips)

☐ Savings Deposit Slip

Please check one of the above. A voided check **OR** a savings deposit slip is required for verification.

ACCOUNT #2: Bank Name: _____

☐ Checking

☐ Savings

Account #: _____ Bank Routing #: _____

DEPOSIT: Entire Check: _____ Dollar Amount: \$ _____ or Percentage _____ %

Choose **ONLY** one of the above.

☐ Voided check(NO checking deposit slips)

☐ Savings Deposit Slip

Please check one of the above. A voided check **OR** a savings deposit slip is required for verification.

Any amount not specified to be deposited into Account #2 will be automatically deposited into Account #1.

I hereby authorize The Shore Center to direct deposit my pay to the bank(s) and account(s) indicated herein. I have attached a voided check (no checking deposit slips) or savings deposit slip for each account, and included the correct bank routing and account numbers in the areas provided.

Signature: _____ Date: _____