LONG BRANCH BOARD OF EDUCATION
AUTOMATIC PAYROLL DEPOSITS
AUTHORIZATION AGREEMENT

( ) **NEW ACCOUNT** ( ) **SECONDARY ACCOUNT -** *ADJUSTMENTS BY LBBOE MAY BE REQUIRED TO ENSURE THE CORRECT PERCENTAGE OR DOLLAR AMOUNT IS DEPOSITED*

( ) **CHANGE** - *ADJUSTMENTS TO YOUR BANKING INFORMATION REQUIRE APPROXIMATELY TWO (2) WEEKS BEFORE CHANGES CAN BECOME EFFECTIVE.*
If current account has been closed, please notify Payroll immediately.

I hereby authorize Long Branch Board of Education, (**LBBOE**) to initiate deposits and adjustments posted to my account indicated below. The **DEPOSITORY** named below, is also authorized to credit and/or debit the same to the account specified.

DEPOSITORY (Name of Financial Institution)

NAME _____

BRANCH _____

TRANSIT / ABA NO. _____

ACCOUNT # _____

A COPY OF A VOIDED CHECK OR BANK DOCUMENT THAT VERIFIES YOUR TRANSIT ROUTING AND ACCOUNT NUMBER MUST BE SUBMITTED WITH THIS FORM.

This authority is to remain in full force and effect until LBBOE has received written notification of its termination in such time and in such manner as to afford LBBOE and DEPOSITORY a reasonable opportunity to act on it.

EMPLOYEE NAME: _____
(Please print)

SOCIAL SECURITY # _____ DATE _____

EMPLOYEE SIGNATURE _____

BUSINESS OFFICE USE ONLY

Revised 7/2025

Confirmed by: _____ Date: _____

Employee #	Entered By: Initial	Date: