



Park Ridge School District

Direct Deposit Enrollment Form

New Request Change Request

CUSTOMER	Customer Name _____
	Address _____
	City _____ State _____ Zip _____

ORIGINATOR (EMPLOYER)	Company Name <u>Park Ridge Board of Education</u>
	Address <u>85 Pascack Road</u>
	City <u>Park Ridge</u> State <u>N.J</u> Zip <u>07656</u>

AUTHORIZATION	I authorize _____ (listed above, hereinafter referred to as "Originator"), to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error to my account(s) indicated below, and _____ (hereinafter referred to as "Depository"), to credit and/or debit same to my account(s) listed below.	
	Account Information	<input type="checkbox"/> Checking
	Account Name _____ Account Number _____	<input type="checkbox"/> Savings
	Depository Bank _____ Routing/Transit Number _____	

PLEASE ATTACH AN UNUSED VOIDED CHECK

CUSTOMER AUTHORIZATION		
SIGNATURE	This authorization is to remain in effect until the Originator has been notified of its termination in writing from me. I understand that the notification must be provided in such time to allow the Originator and Depository ample opportunity to act upon my request.	
	Authorized Signature _____	Printed Name _____ Date _____