

**UNION COUNTY EDUCATIONAL SERVICES COMMISSION**

**EMPLOYEE DIRECT DEPOSIT AUTHORIZATION**

I hereby authorize the Union County Educational Services Commission to initiate through Provident Bank credit entries or corrective debit entries to my account indicated below with the depository named below. I also hereby authorize the depository to credit or debit, as the case may be, such entries to my account.

**EMPLOYEE SECTION**

Employee Name:	_____
Employee Address:	_____ _____
Employee Social Security Number:	_____

***FOR CHECKING ACCOUNTS PLEASE ATTACH A VOIDED CHECK***

**BANK SECTION: TO BE COMPLETED BY BANK REPRESENTATIVE**

Bank Name:	_____
Bank Address:	_____ _____
Bank Routing #:	_____
Bank Account #:	_____
Type of Account:	Checking [ <input type="checkbox"/> ]                      Savings [ <input type="checkbox"/> ]
Bank's Authorized Signature	_____

This authority is to remain in full force and effect until the Union County Educational Services Commission has received written notification from me of its termination at the end of any school year, or until otherwise terminated by the UCESC or Provident Bank.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_ P/N \_\_\_\_\_ D/D \_\_\_\_\_