PASSAIC COUNTY TECHNICAL INSTITUTE

45 Reinhardt Road, Wayne, NJ 07470 Telephone: (973) 389-4212 Fax (973) 389-4399

Tonda L. Carter Payroll/Health Benefits

DIRECT DEPOSIT PROCEDURE

For participation in the Direct Deposit program for payroll, please complete the Direct Deposit form as follows:

- Complete item numbers 1 & 2
- Indicate the bank branch name and address in numbers 3 and 4.
- Indicate whether you would like your check deposited into either your checking or savings account. You may split your pay between checking and savings accounts.
- Complete the account number (#6) which appears on the bottom of your check, or in the case of savings, on your account statement.
- Indicate the transit or ABA routing number which is located on the bottom of your check. For the savings account, call your bank for the information.
- Date and sign the form and submit it to the Payroll Office.
- Attach a voided check for checking account deposit or a deposit form for savings account deposits.
- Please supply an email address for your pay statements if you don't have an active PCTI email account.
- The direct deposit will take effect in two pay periods. This allows for time to prenotify the bank that a direct deposit will be forthcoming for your account.

The direct deposit program works as follows:

- You do not have to have an account at Columbia Bank in order to have your check directly deposited.
- Your check is deposited so that you have access to it by 6:00 a.m. the morning of pay day. The full amount is liquid the morning of pay day.
- You will receive an email or check stub on pay day to indicate your deductions, your gross salary and your net salary deposited. This is your record.
- The direct deposit will reflect on your monthly bank statement as an automatic deposit.

If you have any additional questions, please feel free to contact the Payroll Department.

PASSAIC COUNTY TECHNICAL INSTITUTE

45 Reinhardt Road, Wayne N.J. 07470 PAYROLL DEPT. Telephone: (973) 389-4212 Fax: (973) 389-4399

DIRECT DEPOSIT

NAME	
LAST 4 DIGITS OF SOC. SEC	CURITY#
BANK/BRANCH NAME	
ADDRESS	
*CHECKING	**SAVINGS
ACCOUNT #	
BANK TRANSIT/ABA NUM	BER # (9 digits)
net earnings to my account into the d and to credit and/or debit the amount force and effect until the district rece manner as to afford the district and de	chnical Institute to initiate by electronic means direct deposit of my epository bank named above. I authorize my depository bank to accept of such net earnings tomy account. This authority shall remain in full ives written notification from me its termination in such time and epository bank a reasonable opportunity to act on it and in me event with respect to deposits processed by the district on the depository
Date	Employee Signature
EMPLOYEE EMAIL ADDR	ESS:
Date	Approved Signature
Return to PAYROLL Office.	
*Attach a voided blank personal ch	eck

**Attach a blank deposit slip