



DIRECT DEPOSIT APPLICATION

Bus
 Rail
 Police
 Non-Agreement
 Agreement

ELIGIBILITY: All NJ TRANSIT employees are eligible to participate.

INSTRUCTIONS: 1. For Checking Account deposits, please attach a copy of your personal check to the top of this form.

2. Your Bank Routing and Account Numbers can be taken from the attached check, or contact your financial institution to obtain this information.
 3. If you are selecting a credit union or money market account for your Direct Deposit, contact your financial institution for the account type.
 4. You may have a maximum of four (4) accounts/Direct Deposit deductions.
 5. Your Direct Deposit options must cover your total net pay; you may not elect to also receive a paycheck.
 6. This form must be completed and submitted whenever any changes occur to your bank routing number, account number, or bank of deposit (including closing your account). Once a change is submitted, your previous Direct Deposit will stop and you will receive an actual paycheck for one pay cycle.
 7. Submit the completed and signed form to Payroll Deductions, Room 280, GOB, Maplewood.
 8. The employee is responsible for confirming that the Direct Deposit funds are available in his/her Bank Account prior to issuing checks against his/her account.
- Please verify the deposits with your financial institution.

TYPE OF ACTION:
 NEW
 CANCELLATION
 ACCOUNT CHANGE
 BANK CHANGE
 AMOUNT CHANGE

EMPLOYEE NAME

TELEPHONE EXTENSION

SOCIAL SECURITY NO.:

EMPLOYEE NUMBER

Banking Information

BANK NAME	ROUTING NUMBER	ACCOUNT NUMBER	ACCOUNT TYPE	ACCOUNT TYPE
BANK 1			<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	<input type="checkbox"/> PARTIAL FIXED AMOUNT \$ _____ (MINIMUM \$25.00) <input type="checkbox"/> BALANCE OF NET PAY
BANK 2			<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	<input type="checkbox"/> PARTIAL FIXED AMOUNT \$ _____ (MINIMUM \$25.00) <input type="checkbox"/> BALANCE OF NET PAY
BANK 3			<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	<input type="checkbox"/> PARTIAL FIXED AMOUNT \$ _____ (MINIMUM \$25.00) <input type="checkbox"/> BALANCE OF NET PAY
BANK 4			<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	<input type="checkbox"/> PARTIAL FIXED AMOUNT \$ _____ (MINIMUM \$25.00) <input type="checkbox"/> BALANCE OF NET PAY

PLEASE VERIFY ACCOUNT NUMBER(S) WITH YOUR BANK - NOTE: This form must be completed and submitted whenever any changes occur to your bank account number or bank of deposit. Please submit two (2) pay periods in advance of date you wish direct deposit to start.

The Federal Banking Commission permits the reversal of Direct Deposit transactions, in the event a deposit is made in error. Your signature authorizes NJ Transit to recover any erroneous wages you are not entitled to.

EMPLOYEE SIGNATURE

DATE

PROCESSED BY

DATE