



DIRECT DEPOSIT AUTHORIZATION FORM

Name: _____

Social Security # _____

New

Change Account Information

Cancel Direct Deposit

You must verify your account and transit/routing numbers with your bank prior to completing this form. Your money will not be deposited if your account or transit/routing number is incorrect. This will delay receiving your pay at least 5 days. If you elect direct deposit, you cannot receive a partial paycheck; your entire pay must be designated as direct deposit. You may select up to four (4) different bank accounts for direct deposit (i.e. savings, checking, credit union).

Please remember that when setting up any new account for direct deposit, there is a waiting period before the deposit is activated called the “pre-note” period. This allows the banking institution the ability to assure proper crediting to your account. The “pre-note” period is normally one payroll period after you initiate your direct deposit. Therefore, you will receive a “live” paycheck for the first payroll period after your request for direct deposit. If you are unsure of when the direct deposit will become effective, please contact Human Resources at 443-643-3401.

It is recommended that you contact your bank prior to writing checks or making withdrawals from your account after you have initiated direct deposit for the first time to assure proper crediting to your account.

You will receive a pay voucher each pay period indicating the amount of money deposited into your account(s), as well as your payroll deductions. You may change or cancel your direct deposit at any time in the future.

*** Any change to an existing direct deposit may initiate a new “pre-note” period. Please carefully review your paycheck the following pay after making any type of direct deposit change.**

Name of Bank:	Transit/Routing #:
Bank Address:	Account #:
	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Phone Number:	Amount: \$ _____ or % _____

Name of Bank:	Transit/Routing #:
Bank Address:	Account #:
	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Phone Number:	Amount: \$ _____ or % _____

Name of Bank:	Transit/Routing #:
Bank Address:	Account #:
	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Phone Number:	Amount: \$ _____ or % _____

Name of Bank:	Transit/Routing #:
Bank Address:	Account #:
	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Phone Number:	Amount: \$ _____ or % _____

Team Member Signature

Extension

Date