

BALTIMORE COUNTY PUBLIC SCHOOLS

Office of Payroll
1940 G Greenspring Drive
Timonium, MD 21093-4148

(410) 887-4240
fax (410) 887-7610

REQUEST FOR DIRECT DEPOSIT

PRINT NAME: _____

SOCIAL SECURITY NUMBER: _____ JOB TITLE: _____

WORK PHONE NUMBER: _____ HOME PHONE NUMBER: _____

NEW: SELECT ONE

_____ CHECKING - **ATTACH A CHECK** WITH THE WORD "VOID" WRITTEN ACROSS THE FRONT

_____ SAVINGS: _____
BANK ROUTING # ACCOUNT # BANK NAME

CHANGE: SELECT ONE (NOTIFICATION MUST REACH PAYROLL **8 BUSINESS DAYS PRIOR TO PAY DAY)**

_____ CHECKING - **ATTACH A CHECK** WITH THE WORD "VOID" WRITTEN ACROSS THE FRONT

_____ SAVINGS: _____
BANK ROUTING # ACCOUNT # BANK NAME

CANCEL:

_____ CHECKING DIRECT DEPOSIT

_____ SAVINGS DIRECT DEPOSIT

BY SIGNING THIS FORM, I AUTHORIZE:

- Baltimore County Public Schools to deposit my net salary in either a checking OR savings account as named above.
- The bank to return to Baltimore County Public Schools any money that is deposited in my account by mistake.

BY SIGNING THIS FORM, I UNDERSTAND AND AGREE THAT

- **In order to insure that my pay is not misdirected, I WILL NOTIFY THE OFFICE OF PAYROLL PRIOR TO CLOSING OR CHANGING MY ACCOUNT.**
- **If it is necessary to cancel a direct deposit, I will have to wait until the bank returns the funds to the Office of Payroll. This means that I may have to wait at least 3 working days before having a check prepared for me.**
- **This authorization will remain in effect until I notify the Office of Payroll, in writing, of my desire to change or end it.**

SIGNATURE

DATE