

**College of Southern Maryland
DIRECT DEPOSIT AUTHORIZATION FORM**

- Choose Option A or B. Fill in the complete bank name, location, phone number, and account number.
- Sign form and return it to the PAYROLL OFFICE with a **voided check including bank's routing number**.

Please ✓ one:

- ENROLLMENT CANCELLATION CHANGE

Social Security Number or Colleague ID Number	Work Extension	Employee Name

OPTION A:
If your entire check will be deposited into one account

Account	I authorize the College of Southern Maryland to deposit my net check as indicated below:		
	<input type="checkbox"/> Checking	Bank Name	City, State
	<input type="checkbox"/> Savings	Bank routing/ACH #	Account #

OPTION B:
If your check is to be deposited into the more than one account

Account #1 \$ _____ <i>(amount)</i>	I authorize the College of Southern Maryland to deposit:		
	<input type="checkbox"/> Checking	Bank Name	City, State
	<input type="checkbox"/> Savings	Bank Routing/ACH #	Account #
Account #2 \$ _____ <i>(amount)</i> or <input type="checkbox"/> Net pay remainder	I authorize the College of Southern Maryland to deposit:		
	<input type="checkbox"/> Checking	Bank Name	City, State
	<input type="checkbox"/> Savings	Bank Routing/ACH #	Account #
Account #3 \$ _____ <i>(amount)</i> or <input type="checkbox"/> Net pay remainder	I authorize the College of Southern Maryland to deposit:		
	<input type="checkbox"/> Checking	Bank Name	City, State
	<input type="checkbox"/> Savings	Bank Routing/ACH #	Account #
Account #4 \$ _____ <i>(amount)</i> or <input type="checkbox"/> Net pay remainder	I authorize the College of Southern Maryland to deposit:		
	<input type="checkbox"/> Checking	Bank Name	City, State
	<input type="checkbox"/> Savings	Bank Routing/ACH #	Account #

I authorize my employer to deposit the net pay due me for each pay period to the financial institution(s) and account(s) I have listed. I also authorize my employer to REVERSE ANY ERRONEOUS DEPOSITS MADE TO MY ACCOUNT(S). I understand I will be notified of any such adjustments. This authorization will remain in force until I provide written notification of changes to my employer and my employer and the financial institution have reasonable time to make those changes. Notification must be received one pay period in advance.

Signed: _____ Date: _____