DIRECT DEPOSIT FORM

Montgomery College
Montgomery County, Maryland

NOTE:
I hereby authorize Montgomery College, Payroll Office to deposit my net pay automatically to the account at the financial institution listed below. I understand that I may select another bank for direct deposit at any time by submitting a new authorization form and allowing a reasonable amount of time to act on same. *I am aware that it will **always** take two full pay cycles from the process date for the first direct deposit, and that I will receive a regular pay check by mail in the interim.* ***Incomplete form will not be processed!***

This form will remain in effect until I request it be stopped, in writing, or I submit a new form, even after a break in service.

NOTE: PLEASE ATTACH ONE OF YOUR VOIDED CHECKS WHICH CLEARLY SHOWS YOUR ACCOUNT NUMBER AND THE TRANSIT NUMBER OF YOUR BANK FOR VERIFICATION. **DO NOT ATTACH A DEPOSIT TICKET**

Return completed form to the Payroll Office - 900 Hungerford Dr., Rm 225 Rockville, MD 20850

PART I: EMPLOYEE INFORMATION: (MANDATORY)

Employee Name: _____ **College ID #: M**_____
(Required) ***(Required)***

ACTION TO BE TAKEN **(***Check all that apply***)**

a. ☐ **Start Direct Deposit** **b.** ☐ **Change of Financial Inst.** **c.** ☐ **Change of Account Number** **d.** ☐ **Stop**

PART II: BANK INFORMATION

Deposit to Account #_____
(Required)

Financial Institution Name

_____
(Required)

Type of Account: (check one) ☐ **Savings**
☐ **Checking**

Routing Number (ABA) #_____
(Required)

TO BE COMPLETED ONLY FOR ADDITIONAL ACCOUNT(S) OR TO CHANGE $ AMOUNTS

BANK NAME	ROUTING #	SAVING OR CHECKING	ACCOUNT #	AMOUNT OF DEPOSIT
1				
2				
3				
4				

Employee Signature: _____ ***Date:*** _____

Revised 1/10/14