



PRINCE GEORGE'S
COMMUNITY COLLEGE

PRINCE GEORGE'S COMMUNITY COLLEGE DIRECT DEPOSIT SIGN-UP FORM

NAME (last, first, middle initial)	TYPE OF ACCOUNT <input type="radio"/> CHECKING <input type="radio"/> SAVINGS	
	BANK NAME	
ADDRESS		
CITY STATE ZIP CODE	ACCOUNT NUMBER	
TELEPHONE NUMBER AREA CODE	ROUTING NUMBER	
EMPLOYEE ID NUMBER	ALL	AMOUNT
TYPE OF ACCOUNT <input type="radio"/> CHECKING <input type="radio"/> SAVINGS	TYPE OF ACCOUNT <input type="radio"/> CHECKING <input type="radio"/> SAVINGS	
BANK NAME	BANK NAME	
ACCOUNT NUMBER	ACCOUNT NUMBER	
ROUTING NUMBER	ROUTING NUMBER	
AMOUNT	AMOUNT	
SIGNATURE *	DATE	

- For CHECKING, write "VOID" across one of your checks and attach it to the form. (Section 3 is not required if a check is attached)
- For SAVINGS, have your bank complete Section 3 or have your bank complete the direct deposit form from your bank.

SECTION 2 (TO BE COMPLETED BY EMPLOYEE)

PRINCE GEORGE'S COMMUNITY COLLEGE COMPANY ID NUMBER 237011243 301 LARGO ROAD, KENT HALL ROOM 113 LARGO, MD 20774 PHONE (301) 322-0678 FAX (301) 386-7505	DEPARTMENT ADDRESS BUILDING ROOM # WORK #
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	ROUTING NUMBER
DEPOSITOR ACCOUNT TITLE	

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE
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*I hereby authorize PGCC to initiate credit entries to my account(s) indicated below to the depository named. In the event a credit is made to my account in error, I further authorize PGCC to make a correcting entry under the condition that I am notified of said adjustment made by the Payroll Office on behalf of the college. This authorization will remain in effect until the Payroll Office has received written notification from me to terminate this deposit, or upon termination from PGCC.