



**St. Mary's County Public Schools**  
**Leonardtwn, Maryland 20650**  
**PAYROLL AUTHORIZATION AGREEMENT**  
**FOR AUTOMATIC DEPOSITS – CREDITS**

<b>FOR PAYROLL USE ONLY:</b>	
Bank Code:	_____
Pre-Note Date:	_____
Entered By:	_____
Date:	_____

**PLEASE PRINT**

EMPLOYEE NAME: _____	EMPLOYEE ID: _____
ADDRESS: _____	TELEPHONE #: _____
_____	

Establish new direct deposit     Change an existing account(s)     Cancel

**PRIMARY ACCOUNT (REQUIRED):**

Name of Bank \_\_\_\_\_

Account Type     Checking     Savings

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

Deposit Amount    \_\_\_\_ % OR \$ \_\_\_\_\_ (Flat Amount)

**SECONDARY ACCOUNT(S) (OPTIONAL):** (Please circle Remaining if applicable)

Name of Bank _____ Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number _____ Routing Number _____ Deposit Amount    ____ % OR \$ _____ (Flat Amount) <p style="text-align: center;"><b>OR Remaining</b></p>	Name of Bank _____ Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number _____ Routing Number _____ Deposit Amount    ____ % OR \$ _____ (Flat Amount) <p style="text-align: center;"><b>OR Remaining</b></p>
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I wish to have my employer deposit my net pay and/or a fixed amount(s) each payday directly to my account(s) as indicated. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take; that I am responsible for any resulting bank fees incurred, and that my employer can not issue the payroll funds to me until the funds are returned to my employer by my financial institution.

As required by the Federal Office of Foreign Asset Control in support of the U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform my employing agency immediately.

**Please note that due to timing differences, new or changed direct deposits may result in one paper check after this form has been submitted. Please do not close your account(s) without giving your payroll office two weeks prior notice.**

**Signature of Employee:** \_\_\_\_\_    **Date:** \_\_\_\_\_