

DIRECT DEPOSIT FORM

INSTRUCTIONS: Please write or print clearly. Contact the Payroll office at (240)567-5330 or email Payroll@montgomerycollege.edu with any questions.

All communication must come from your Montgomery College email account.

- Use this form to initiate or change direct deposit of your net pay. You may have a maximum of 3 direct deposit accounts.
- Payroll will send an email asking you to confirm this form was submitted by you. You must confirm via email.
- Allow 2 full pay cycles for the change to become effective. (You will receive a regular pay check by mail in the interim)
- You must attach a voided check or a form from your bank that clearly shows your account number and the bank transit number.
- Return completed form to the Payroll Office, CT Building, 9221 Corporate Blvd Rockville, MD 20850 or the Payroll email box at Payroll@MontgomeryCollege.edu
- **This form will remain in effect until you request it be stopped, even after a break in service.**

EMPLOYEE INFORMATION (REQUIRED)

| | | | |
|-----------------|--|--------------|---|
| Employee Name: | | College ID#: | M |
| Employee email: | | Phone Number | |

NET PAY DEPOSIT (REQUIRED)

| | | | |
|--------------------------------------------------------------------|--------|---------------------------|--|
| Name of Financial Institution (net pay will be deposited here): | | | |
| Checking | New | Bank Routing Number | |
| | | Account Number | |
| Saving | Change | Last 4 #'s of prior acct: | |

OPTIONAL FLAT AMOUNT DEPOSIT *Attach voided check or form from bank.* If changing bank account, please provide the last 4 digits of your current account

| 2 nd Account | | | |
|--------------------------------|--------|-----|--------|
| Checking | Saving | New | Change |
| Name of Financial Institution: | | | |
| Amount: | | | |
| Bank Routing Number | | | |
| Account Number | | | |
| Last 4 #'s of current acct: | | | |

| 3 rd Account | | | |
|--------------------------------|--------|-----|--------|
| Checking | Saving | New | Change |
| Name of Financial Institution: | | | |
| Amount: | | | |
| Bank Routing Number | | | |
| Account Number | | | |
| Last 4#'s of current acct: | | | |

CANCEL DIRECT DEPOSIT IMMEDIATELY (Use only if you do not have a replacement account)

| | |
|--|---------------------------------------------------------------------------|
| | Cancel primary account with no replacement |
| | Cancel 2 nd Direct Deposit Account with no replacement account |
| | Cancel 3 rd Direct Deposit Account with no replacement account |

I certify that the above account(s) are located in the U.S., bear my name and that I am an unrestricted and authorized signor on each account. I authorize Montgomery College and the Bank(s) indicated above to deposit the assigned amount of my net pay automatically each payday. If money to which I am not entitled is deposited into my account, I understand Montgomery College has the authority to direct the bank(s) to return those funds. I have read the information contained in this form and my signature confirms my understanding.

Employee Signature

Date Signed

PAYROLL OFFICE USE ONLY:

Processed by

Effective Date: