



BOARD OF EDUCATION OF PRINCE GEORGE'S COUNTY, MARYLAND
Direct Deposit Enrollment/Change Form

Employee Name: _____ EIN: _____ SSN (last 4 digits only): _____

Employee Work Location: _____ Employee Contact Number: _____

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY

Type of Account	Routing / Transit Number	Checking/Savings Account Number	Financial Institution (Bank) Name	I wish to deposit (Check one):
<input type="radio"/> Checking <input type="radio"/> Savings				<input type="radio"/> Specific Dollar Amount \$____.00 <input type="radio"/> _____% of Net Pay <input type="radio"/> Remainder of Net Pay
<input type="radio"/> Checking <input type="radio"/> Savings				<input type="radio"/> Specific Dollar Amount \$____.00 <input type="radio"/> _____% of Net Pay <input type="radio"/> Remainder of Net Pay
<input type="radio"/> Checking <input type="radio"/> Savings				<input type="radio"/> Specific Dollar Amount \$____.00 <input type="radio"/> _____% of Net Pay <input type="radio"/> Remainder of Net Pay
<input type="radio"/> Checking <input type="radio"/> Savings				<input type="radio"/> Specific Dollar Amount \$____.00 <input type="radio"/> _____% of Net Pay <input type="radio"/> Remainder of Net Pay

FOR 1 DIRECT DEPOSIT PLEASE COMPLETE BELOW

<input type="radio"/> Checking <input type="radio"/> Savings				<input type="radio"/> 100% of Net Pay <input type="radio"/> Remainder of Net Pay
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One of the following is required to process this enrollment (check one):

- A voided check is required for all accounts. Please attach with submission.**
- Bank letter or specification sheet that shows the account numbers and routing numbers of all the authorized accounts.

- Cancel ALL direct deposit accounts and be paid by check via USPS.**

COMPLETE IF CHANGING / CANCELLING EXISTING DEPOSIT AMOUNTS
**** IF UPDATING MORE THAN 3 ACCOUNTS PLEASE ATTACH ANOTHER AUTHORIZATION FORM ****

Routing / Transit Number	Checking/Savings Account Number	Financial Institution (Bank) Name	I wish to deposit (Check one):
			<input type="radio"/> From \$____.00 to \$____.00 <input type="radio"/> From _____% to _____% of Net Pay <input type="radio"/> Remainder of Net Pay <input type="radio"/> Cancel Account
			<input type="radio"/> From \$____.00 to \$____.00 <input type="radio"/> From _____% to _____% of Net Pay <input type="radio"/> Remainder of Net Pay <input type="radio"/> Cancel Account
			<input type="radio"/> From \$____.00 to \$____.00 <input type="radio"/> From _____% to _____% of Net Pay <input type="radio"/> Remainder of Net Pay <input type="radio"/> Cancel Account

EMPLOYEE CONFIRMATION STATEMENT

I have verified that the above information is correct and I authorize Board of Education of Prince George's County, Maryland to deposit my net salary to the account(s) described above and the Financial Institution(s) named above to credit to such account. **I understand that I can have my net salary deposited to a maximum of five accounts. This Authorization Agreement is to remain in full force and effect until MY EMPLOYER has received written notification of its termination from me, in such time and in such manner as to afford MY EMPLOYER a reasonable opportunity to act on it. If I determine that I need to change my banking information, I will keep my current account open until I have received confirmation that my new information has been verified. This Authorization Agreement may also be terminated by my employer.** In the event that the Payroll Office notifies the bank that funds to which I am not entitled have been deposited to my account inadvertently, I hereby authorize and direct the bank to return said funds to the Payroll Office of my employer as soon as possible.

Employee Signature _____ Date _____

Received on: _____ Processed on: _____ By: _____ Reviewed: _____