Montgomery County MD
Controller's Division

Payroll Form
Active Employee
Direct Deposit Authorization
PR-01-001 Effective: November 1, 2015

INSTRUCTIONS: *(Call the Payroll Section at (240) 777-8840 with questions.)* **Please write or print clearly. Use Black or dark blue ink.**

1. Use this form to initiate direct deposit of your **pay and any reimbursements.**
2. Allow 30 days to become effective. **DO NOT CLOSE EXISTING BANK ACCOUNTS UNTIL FIRST DEPOSIT IS RECEIVED IN THE NEW ACCOUNT.**
3. FAX this form and attachments to (240) 777-8843, mail it to MCG, 101 Monroe Street, Attn: Payroll Section, Rockville, MD 20850 or email it to FinancePayroll@montgomerycountymd.gov

Employee Name: Daytime Phone:

Employee ID: Last 4 Digits of Social Security:

NET PAY DEPOSIT (MANDATORY)

Name of Financial Institution:

Net pay and reimbursements will be deposited here:

| Checking: | New: | Attach voided check OR complete routing and account information: | ABA Routing Number: |
| Saving: | Change: | | Account Number: |

OPTIONAL FLAT AMOUNT DEPOSIT (to 2nd Account)

Name of Financial Institution: Fixed deposit amount each pay period:

$.

| Checking: | New: | Attach voided check OR complete routing and account information: | ABA Routing Number: |
| Saving: | Change: | | Account Number: |

OPTIONAL FLAT AMOUNT DEPOSIT (to 3rd Account)

Name of Financial Institution: Fixed deposit amount each pay period:

$.

| Checking: | New: | Attach voided check OR complete routing and account information: | ABA Routing Number: |
| Saving: | Change: | | Account Number: |

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 County Government (MCG) and the bank(s) indicated above to deposit the assigned amount of my pay and any reimbursements automatically into my savings or checking account(s) each payday. If money to which I am not entitled is deposited into my account, I understand that MCG 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: