



I hereby authorize Montgomery College to deposit my net pay automatically to the account at the financial institution listed below. I understand that I may select another bank for direct deposit at any time by submitting a new authorization form and allowing a reasonable amount of time to act on same. I am aware that it will always take two full pay cycles for the first direct deposit and that I will receive a regular pay check in the interim.

This form will remain in effect until I request it be stopped, in writing, or I submit a new form, - even after a break in service

NOTE: PLEASE ATTACH ONE OF YOUR VOIDED CHECKS WHICH CLEARLY SHOWS YOUR ACCOUNT NUMBER AND THE TRANSIT NUMBER OF YOUR BANK FOR VERIFICATION. DO NOT ATTACH A DEPOSIT TICKET.

PART I: EMPLOYEE INFORMATION: (MANDATORY)

Employee Name: _____ College ID#: M _____
(required) (required)

AUTHORIZATION FOR DIRECT DEPOSIT OF PAY

1. ACTION TO BE TAKEN (Check all that apply)

- a. Start Direct Deposit b. Change of Financial Inst. c. Change of Account Number d. Stop

PART II: BANK INFORMATION

Please Deposit to Account # _____
(required)

Financial Institution (required) _____ Type of Account: (check one) Savings Checking

Bank Routing Number (ABA) # _____
(required)

TO BE COMPLETED FOR ADDITIONAL ACCOUNT(S)

BANK NAME	ROUTING #	SAVING OR CHECKING	ACCOUNT #	AMOUNT OF DEPOSIT
1				
2				
3				
4				

Employee Signature: _____ Date: _____