



# Allegany College of Maryland Direct Deposit Authorization Form

Employee name \_\_\_\_\_

Employee Social Security Number \_\_\_\_\_

Contact Number \_\_\_\_\_

NOTE: Requests must allow sufficient time for processing and bank pre-notification, and may not be effective for your next pay date. Late requests may result in a check being issued or a deposit to an already established account. We suggest leaving your old account open until deposit to your new account has occurred.

Employee may select up to three separate accounts.

Complete the account designation boxes (up to 3) including routing and account numbers, and attach the following required documentation:

Checking Account: Attach a voided check.

Savings Account: Attach documentation from financial institution or savings deposit slip.

The routing number is a 9-digit number that appears at the bottom left of your check or deposit slip between the markings 1: :1. If you are not sure which number to use, contact your financial institution for assistance.

- ☐ New Direct Deposit Setup  
☐ Change to Existing Direct Deposit

IMPORTANT: This form overrides (replaces) all prior designations. Attach documentation for all accounts, even if only changing one.

**ACCOUNT # 1**      **TYPE : (select one)**      ☐ Checking      ☐ Savings

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

Bank Address \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Requested amount for this account (select one):

Specific \$\$ Amount \$ \_\_\_\_\_ OR ☐ Entire Net Amount

**ACCOUNT # 2**      **TYPE : (select one)**      ☐ Checking      ☐ Savings

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

Bank Address \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Requested amount for this account (select one):

Specific \$\$ Amount \$ \_\_\_\_\_ OR ☐ Remaining Balance

**ACCOUNT # 3**      **TYPE : (select one)**      ☐ Checking      ☐ Savings

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

Bank Address \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Requested amount for this account (select one):

☐ Remaining Balance

**AUTHORIZATION AGREEMENT:** I hereby authorize Allegany College of Maryland to initiate credit entries directly into the account(s) named above. If an incorrect deposit should be made into my account(s), I authorize my bank(s) named above and Allegany College of Maryland to make debit entries and adjustments for any credit entries in error. This authority will remain in full force and effect until I have given written notice that I am terminating it, or until my employer has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed.

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_