Payroll Form
Active Employee
Direct Deposit Authorization
PR-01-001 Effective: April 8, 2020

Montgomery County MD
Controller's Division

INSTRUCTIONS: Please write or print clearly. Email **FinancePayroll@montgomerycountymd.gov** or call **(240) 777-8840** with any questions.

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. Email this completed form with a copy of your county ID or drivers license to FinancePayroll@montgomerycountymd.gov or fax the documents to (240) 777-8843.

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: