



**UNIVERSITY OF MARYLAND
MEDICAL SYSTEM**

Authorization of Direct Deposit

I authorize the University of Maryland Medical System to take the following action with my net salary:

(Check One)

- 1- DEPOSIT DIRECTLY TO MY CHECKING ACCOUNT. (Please attach a voided personal check or a copy of a personal check.)
- 2- DEPOSIT DIRECTLY TO MY SAVINGS ACCOUNT.
- 3- CHANGE BANK AND CHECKING ACCOUNT NUMBER TO WHICH MY NET SALARY IS DEPOSITED. (Please attach a voided personal check or a copy of a personal check for the new account.)
- 4- DISCONTINUE DIRECT DEPOSIT AND ISSUE A PAYROLL CHECK INSTEAD. (Will occur within 21 days of receipt of a request in the Payroll Office.)

COMPLETE THIS FORM AND RETURN IT TO THE UMMS PAYROLL OFFICE

The UMMS Corporation is authorized to deposit my net pay automatically into my account with the financial institution indicated below each payday. If monies to which I am not entitled are deposited into my account, I authorize my employer to direct the financial institution to return said funds. In the event the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the bank to UMMS is not possible, I hereby authorize UMMS to recover those funds erroneously paid me from any future payments from UMMS until the amount of the erroneous deposit has been recovered, in full.

EMPLOYEE INFORMATION

BANK INFORMATION

Please Print

Name

Bank Name

Social Security Number

Branch Address

Department

City State Zip Code

Work Location Extension

Account Number

Employee Signature Date

Please notify your bank that you have signed up for DIRECT DEPOSIT. There may be additional banking BENEFITS available to you from your bank as a result of DIRECT DEPOSIT...