



State of Maryland

Payroll Direct Deposit Authorization

| | | |
|----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Regular | <input type="checkbox"/> Contract | <input type="checkbox"/> University of MD |
| Payroll System (check one) | | |

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Social Security Number

Employee's Name (please print)

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Agency Code

Agency Name (please print)

I authorize the State of Maryland Central Payroll Bureau to take the following action with my net salary:

(Check One)

- 1. Deposit directly to my checking account
(Will take at least two pay periods to allow for pre-note process)

- 2. Change bank and/or checking account to which my net salary is deposited
(Cancel of old account will occur within 21 days of receipt at CPB; you will receive a payroll check until the new account is established) **Do not close account until payroll check is issued**

- 3. Discontinue direct deposit and issue a payroll check instead
(Will occur within 21 days) **Do not close account until payroll check is issued**

CPB Use Only

Effective PPE:

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|---|
| Bank Name: <small>(Omit if action 3 is checked)</small> |
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| | | |
|---|---|----------------------------------|
| Copy directly from your personal check. Do not include your check number. Do not use your deposit slip number. Verify carefully. | <table border="1" style="width: 100%; height: 40px;"> <tr> <td style="text-align: center; vertical-align: middle;"> Need Help? Click here </td> </tr> </table> | Need Help? Click here |
| Need Help? Click here | | |

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|-------------|-------------------------|--|
| | | |
| Bank Number | Checking Account Number | |

I authorize the State of Maryland to deposit my net salary to the bank and account named above. This authorization is to remain in force until the State of Maryland receives written notification from me of its termination in time and manner that allows the State and the bank a reasonable opportunity to act upon it. In the event that the State of Maryland notifies the bank that funds to which I am not entitled have been deposited to my account in error, I authorize and direct the bank to return said funds to the State as soon as possible. If the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the bank to the State is not possible, I authorize the State to recover those funds by setting off the amount erroneously paid me from any future payments from the State until the amount of the erroneous deposit has been recovered, in full.

| | | |
|------|--------------------|----------------------|
| Date | Employee signature | Daytime phone number |
|------|--------------------|----------------------|

- Instructions:**
- Only one checking account is permitted for direct deposit.
 - Type or print only (except signature).
 - Use black ink only.
 - Complete all blocked areas in the top part of form except for the section "CPB use only."
 - Read authorization and sign the completed form. **Unsigned or Incomplete forms will be returned.**
 - Deposit amount will be *full net amount* of pay.
 - If changing your bank and or checking account, you will receive a payroll check until new direct deposit becomes effective.
 - Do not send a voided blank check.
 - Send completed form to Central Payroll Bureau, P.O. Box 2396, Annapolis, MD 21404. Phone 410-260-7401.