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CITY OF BALTIMORE

PAYROLL DIRECT DEPOSIT REQUEST

INSTRUCTIONS: 1. Print legibly in ink. 2. Refer to pay stub for Department, Location Codes & Employee ID. 3. Forward to: Central Payroll Division, Rm. 800, 401 E. Fayette St., Baltimore, MD 21202					
Social Security Number Employee ID No.	Last Name	First Name	Middle Initial	Department & Location Code	
I authorize the Central Payroll Division to take the following action with my net pay:					
(Check Appropriate Box)					
•	Er	nter Name of Financial Institution:		ii ii	
>	Select	Checking (Attach voided check)			
Change Direct Deposit to:		Routing Number Savings Account Number			
Discontinue Direct Deposit	am	ne event that the Central Payroll Division notificenot entitled were deposited to my account in exitution to return said funds to the Central Payro	rror, I hereby a	uthorize and direct the financial	
CENTRAL PAYROLL DIVISION USE ONLY ABA #		Employee Signature			
Account #		Data	Daytimo Phon	o No	