

Baltimore City Public Schools Payroll Office 200 East North Avenue, Room 114 Baltimore, Maryland 21202 Phone: 410.396.8853/54 Fax: 410.625.0321



## **PAYROLL DIRECT DEPOSIT**

Employee Name Last, First, Middle –	PLEASE PRINT CLEARLY	
Employee ID #		
Address		
Street		
City	State	Zip
SELECT <u>ONE</u> OF THE FOLLOWIN	IG	
[ ] Checking (Attach voided chec	<b>k</b> )	
[ ] Savings (Attach any documer	t showing your bank name, account # and routin	ng #)
[ ] Discontinue Direct Deposit		
Important: Failure to attac	h the required documents will result in the n	on-processing of your direct deposit request.
Note	100% of your net pay will be deposited into the	account designated above.
•	ublic Schools and the attached financial institution apments for any credit entries in error to my account.	pproval to initiate electronic credit entries, and if
Signature		Date
	DAVEOUR HOE ONLY	•
	PAYROLL USE ONL'	Y
PAYROLL USE ONLY		
Date Received		
Date Entered		
Entered By		