

MEDSTAR HEALTH

GEORGETOWN MEDICAL CENTER

Payroll Authorization for Direct Deposit

Please print information.

I, _____ authorize MedStar Health to deposit my **NET PAY** automatically each payday to the following account(s). If there are funds deposited into my account that I am not entitled to, I authorize MedStar, to direct the bank to return said funds. This direct deposit request will remain in effect until I have revised/cancelled it in writing.

Form must be completely filled out and attachments provided. If only changing the dollar amount going to an existing 2nd or 3rd account – form must be completely filled out, however, no attachment is needed. If TOTAL net pay is to be deposited into your account, please indicate ALL in the “Amount \$” field below. Otherwise, please indicate the exact amount to be deposited with remainder going into last account. Maximum: three (3) accounts.

Account #1 Savings Account Checking Account New Change
Bank Name _____
Account # _____
Bank Routing # _____
Amount \$ **NET AMOUNT**
Attachment **Copy of Savings Statement, or Copy of Savings Book**
 Voided Check or photocopy

Account #2 Savings Account Checking Account New Change
Bank Name _____
Account # _____
Bank Routing # _____
Amount \$ _____
Attachment **Copy of Savings Statement, or Copy of Savings Book**
 Voided Check or photocopy

Account #3 Savings Account Checking Account New Change
Bank Name _____
Account # _____
Bank Routing # _____
Amount \$ _____
Attachment **Copy of Savings Statement, or Copy of Savings Book**
 Voided Check or photocopy

SS# _____ **Lawson Employee #** _____ **Process Level** _____

NOTE: IT TAKES UP TO TWO PAY CYCLES AFTER RECEIPT OF THIS FORM BY THE CBO FOR NEW ENROLLMENTS BEFORE DIRECT DEPOSIT STARTS. IF CHANGING MAIN “NET” BANK, ALL BANK DEPOSITS WILL BE SUSPENDED UNTIL THE ACCOUNT CAN BE VERIFIED WITH YOUR BANK. IN THE INTERIM, YOU WILL RECEIVE A CHECK. DIRECT DEPOSIT IS ONLY AVAILABLE FOR SCHEDULED BIWEEKLY PAYROLL DATES. ADJUSTMENT/MANUAL CHECKS ARE NOT DIRECTLY DEPOSITED INTO YOUR ACCOUNT. EMPLOYEES SHOULD VERIFY BALANCE(S) IN ACCOUNT(S) PRIOR TO WRITING CHECKS; NSF AND OTHER BANK FEES ARE NOT REIMBURSABLE.

PLEASE NOTIFY PAYROLL BEFORE CLOSING YOUR BANK ACCOUNT(S).

Employee Signature _____ **Date** _____

Daytime phone number _____