



The Maryland-National Capital Park and Planning Commission 6611 Kenilworth Avenue Suite 204,
Riverdale, Maryland 20737

M-NCPPC Direct Deposit Form

Employee Full Name: _____

M-NCPPC Employee ID#: _____

Last 4 SSN: _____

Daytime Phone: _____

- Please provide a copy of your State (Driver's License) or Government issued I.D. (Passport)
- Please provide a copy of a voided check and/or direct deposit authorization for each account listed below from your banking institution

I hereby authorize the M-NCPPC Payroll Office to:

- Start Direct Deposit
- Change my Direct Deposit as follows:
 - Change all (a change all replaces the direct deposit authorization currently on file. Fill in every line of bank information)
 - Add new account (existing accounts will remain unchanged)
 - Remove one account (other accounts will remain unchanged, but keep in mind you must have one remaining deposit account and/or full 100 % deposit account)

Note: If you are signing up for direct deposit for the first time or have elected "change all" above, you must complete line number 1 below. Line numbers 2, and 3 are optional: use these lines to authorize M-NCPPC to directly deposit fixed dollar amounts or percentages of your pay into additional accounts. ***You must have one remaining deposit account***

Bank Name	Routing Number	Type of Account	Deposit Amount
1.	Routing #: _____ 9 Digits Account #: _____	<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Pay Card	Remaining Deposit Or Full Deposit (100%) & Expense Reimbursements
2.	Routing #: _____ 9 Digits Account #: _____	<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Pay Card	Partial Deposit: Fixed amount: \$ _____ OR Percentage: _____%
3.	Routing #: _____ 9 Digits Account #: _____	<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Pay Card	Partial Deposit: Fixed amount: \$ _____ OR Percentage: _____%

I certify that the above account(s) are in the U.S., bear my name and that I am an unrestricted and authorized signor on each account. I authorize The Maryland-National Capital Park & Planning Commission (M-NCPPC) and the bank(s) indicated above to deposit the assigned amount of my pay and expense reimbursements (to primary deposit account only), automatically into my account(s) each payday for payroll and on Fridays for expense reimbursements. If money to which I am not entitled is deposited into my account, I understand that the M-NCPPC has the authority to direct the bank(s) to return those funds. If the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the bank is not possible, I authorize the M-NCPPC to recover those funds by offsetting the amount paid me from any future payments from the M-NCPPC until the amount of the erroneous deposit has been recovered, in full. I have read the information contained in this form and my signature confirms my understanding. I understand this authorization will override any previous authorization and will remain in effect until revoked by my written request. I understand that I must immediately notify the Payroll Office and Accounts Payable (if you have expenses reimbursed) before I close any/all account(s) listed above while this authorization is in effect.

I understand that my direct deposit payroll detail will be delivered electronically and by signing below, I am authorizing this delivery and will register for access via the Commission's Document Self-Service site at <https://dss.mncppc.org>. Expense Reimbursement is email only.

Employee Signature _____

Date: ____/____/____