

**DIRECT PAYROLL DEPOSIT AUTHORIZATION**

I authorize the Johns Hopkins Hospital and bank(s) listed below to deposit my net pay automatically to my account(s) each payday. If funds to which I am not entitled are deposited to my account(s), I authorize you to direct the bank(s) to return the said funds. The authority will remain in effect until I have cancelled it in writing.

<input type="text"/> ① Date	<input type="text"/> ② Social Security Number	③ <input type="radio"/> Hospital <input type="radio"/> Health System	
<input type="text"/> ④ Name (Last) (First)		(Middle Initial)	
<b>Primary Banking Information</b>		<b>Secondary Banking Information</b>	
<input type="text"/> ⑤ Name of Bank #1		<input type="text"/> Name of Bank #2	
<input type="radio"/> ⑥ Checking Account <input type="radio"/> Savings Account		<input type="radio"/> Checking Account <input type="radio"/> Savings Account	
<input type="text"/> ⑦ *Transit Number	<input type="text"/>	<input type="text"/> *Transit Number	<input type="text"/>
<input type="text"/> Bank Account Number	<input type="text"/>	<input type="text"/> Bank Account Number	<input type="text"/>
Amount to be deposited: \$ <input type="text"/>		Amount to be deposited: \$ <input type="text"/>	
<input type="text"/> ⑧ Signature			
*If you are applying for direct Payroll deposit to a Credit Union, please contact them to verify the Transit Number before submitting this form.			

