



**GBMC HEALTHCARE  
DIRECT DEPOSIT AUTHORIZATION  
CANCELLATION REQUEST**

I AUTHORIZE GBMC HEALTHCARE AND THE BANK LISTED BELOW TO CANCEL DIRECT DEPOSIT OF MY PAY FOR THE FOLLOWING ACCOUNT.

\_\_\_\_\_  
EMPLOYEE NAME (PLEASE PRINT)

\_\_\_\_\_  
DEPARTMENT #    EMPLOYEE #

**Baltimore County Employees  
Federal Credit Union**

\_\_\_\_\_  
FINANCIAL INSTITUTION'S NAME

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**DO NOT WRITE BELOW THIS LINE**

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\_\_\_\_\_  
PAYROLL SIGNATURE

\_\_\_\_\_  
DATE ENTERED IN SYSTEM

**GBMC Healthcare includes Greater Baltimore Medical Center (GBMC), Gilchrist Hospice Care, GBMC Foundation and Greater Baltimore Medical Associates (GBMA).**