

GBMC HEALTHCARE DIRECT DEPOSIT AUTHORIZATION

I AUTHORIZE GBMC HEALTHCARE AND THE BANK LISTED BELOW TO DEPOSIT MY PAY AUTOMATICALLY TO MY ACCOUNT EACH PAYDAY. IF FUNDS TO WHICH I AM NOT ENTITLED ARE DEPOSITED TO MY ACCOUNT, I AUTHORIZE GBMC HEALTHCARE TO DIRECT THE BANK TO RETURN SAID FUNDS.

THIS AUTHORITY WILL REMAIN IN EFFECT UNTIL I HAVE CANCELED IT IN WRITING. **EMPLOYEE NAME (PLEASE PRINT)** DEPARTMENT # EMPLOYEE # **Baltimore County Employees FCU** FINANCIAL INSTITUTION'S NAME 252075757 **ROUTING NUMBER** ACCOUNT NUMBER Account verified by BCEFCU_ **IMPORTANT:** YOU MUST SUBMIT A VOIDED CHECK FOR CHECKING ACCOUNTS, DEPOSIT SLIP FOR SAVINGS ACCOUNTS OR A LETTER FROM YOUR FINANCIAL INSTITUTION WITH THE CURRENT BANK NAME, ACCOUNT NUMBER AND ROUTING NUMBER FOR EITHER ACCOUNT TYPE. **DEPOSIT AMOUNT (choose only one): NET CHECK** TYPE OF ACCOUNT (choose only one): **CHECKING SAVINGS EMPLOYEE SIGNATURE** DATE DO NOT WRITE BELOW THIS LINE

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

DATE ENTERED IN SYSTEM

PAYROLL SIGNATURE