



Baltimore Area Council BSA, Payroll Direct Deposit Form

Employee Information Employee Name: _____ Employee ID: _____

Department Name: _____

Direct Deposit **Bank Account Information**

Account Type: Checking Savings

ABA/Routing #: _____ Account #: _____

Bank Name: _____ Deposit Amount: \$ _____ or All

Bank Account Information - Account 2:

Account Type: Checking Savings

ABA/Routing #: _____ Account #: _____

Bank Name: _____ Deposit Amount: \$ _____ or All

Additional Information for Direct Deposit:

- Depending on your bank's processes, pay should be automatically deposited into your account(s) within 2 pay periods.
- It is your responsibility to notify Payroll of any changes to / closure of your bank account. Failure to notify Payroll may delay issuance of checks.
- **For each account, you must provide a voided check drawn from the account (no deposit slips) or a letter from the bank on official letterhead verifying the ABA and account #. Incomplete or inaccurate information will not be processed.**

By providing the information requested above and signing below, I hereby elect and consent to receive my wages via direct deposit. In addition, I hereby authorize Boy Scouts of America on its own behalf and on behalf of its direct and indirect subsidiaries and affiliates to make (electronically or otherwise) all deposits and deposit adjustments involving my pay, including those involving off cycle pay and pay upon discharge, to the account(s) identified above, and I authorize the bank(s) listed above to accept such deposits and make such adjustments. I also authorize Boy Scouts of America, at its election, to pay any off cycle wage payments and wage payments due to me upon discharge by means of electronic transfer of funds to a paycard, and I acknowledge that a copy of the terms, conditions, and fees associated with using such paycard are available at my workplace and upon request made to my manager. These authorizations will remain in effect until Boy Scouts of America receives written notice from me terminating my authorization.

Please contact your Payroll Department at 443-573-2510 with any questions

Employee Name (Print Name): _____ **Date:** _____

Employee Signature Authorizing Payment Method: _____