

-Please type or print in ink and complete or check all applicable box(es). **Account:** New Setup Change

-Incomplete/Incorrect forms will not be processed and returned to the home address on file.

-New set up & changes will begin one pay period after this form has been received & processed. In the interim, live checks will be issued.

-Instructions can be found on page 2

JOHNS HOPKINS ENTITIES: (See pg. 2 for details)	JHU <input type="radio"/>	JHH <input type="radio"/>	JHHS <input type="radio"/>	JHEMS <input type="radio"/>	JHHCG <input type="radio"/>	JHBMC <input type="radio"/>
PAYROLL TYPE:	Weekly <input type="radio"/>	Bi-Weekly <input type="radio"/>	Semi-Monthly <input type="radio"/>			

SECTION 1 – EMPLOYEE INFORMATION

Last Name:	First Name:	MI:
Social Security Number: (Last 4 digits)	Work Telephone Number:	

SECTION 2 – (a) EMPLOYEE’S PRIMARY BANK INFORMATION (see example below)

Bank Name:		
Account Type:	Checking Account <input type="radio"/>	Savings Account <input type="radio"/>
Transit or Routing Number:	Account Number:	

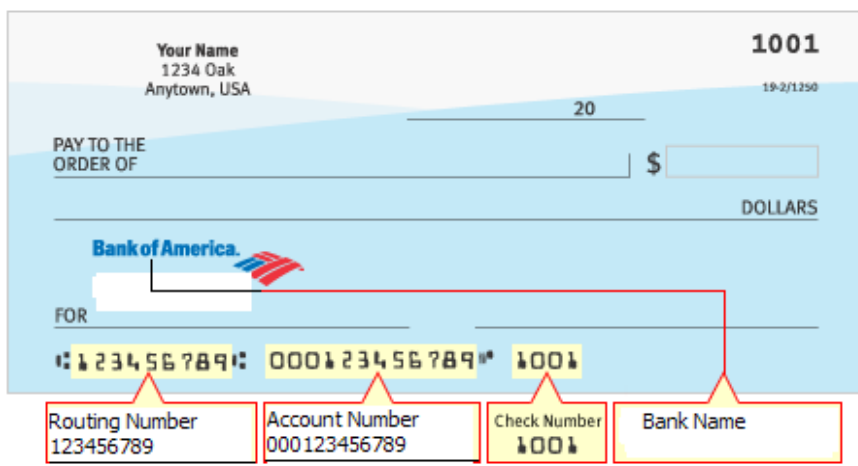
SECTION 2 – (b) EMPLOYEE’S SECONDARY BANK INFORMATION (optional)

Bank Name:	Amount in \$ (Percentage is not acceptable)	
Account Type:	Checking Account <input type="radio"/>	Savings Account <input type="radio"/>
Transit or Routing Number:	Account Number:	

Johns Hopkins Payroll Shared Services is authorized to take the action selected above with my net salary. I also authorize The Johns Hopkins Accounts Payable System to make any disbursements to me (e.g. medical, dental, dependent care, travel expense reports, employee reimbursements) to the same bank and account specified. In the event that Johns Hopkins Payroll Shared Services notifies the bank that funds to which I am not entitled have been deposited to my account inadvertently, I hereby authorize and direct the bank to return said funds to the correct entity as soon as possible.

Signature:	Date:
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Example of Routing number, Account number & Bank name.



Additional Information and Instructions:

1. Direct deposit can be made to any financial institution in the continental United States participating in the Automated Clearing House. If your financial institution is not a participant of the Automated Clearing House, this form will be returned to you.
2. New Direct deposit setup and/or changes will begin one pay period after this form has been received and processed by Payroll Shared Services. In the interim, live checks will be issued.
3. Entity Details:
 - JHU - JOHNS HOPKINS UNIVERSITY
 - JHH - JOHNS HOPKINS HOSPITAL
 - JHHS - JOHNS HOPKINS HEALTH SYSTEM
 - JHEMS - JOHNS HOPKINS EMERGENCY MEDICAL SERVICES
 - JHHCG - JOHNS HOPKINS HOME CARE GROUP (Home care, Pharmaquip, Pediatric @ Home, Home Health Services)
 - JHBMC - JOHNS HOPKINS BAYVIEW MEDICAL CENTER
4. If the deposit is to more than one account, dollar amount needs to be specified for the secondary bank account.
5. The transit or routing number and the account number can be found on the bottom of your check. Account number with letters and symbols can not be accepted. In case of incorrect account or routing numbers, forms will be sent back.
6. Payments to faculty, staff, and students in active status from the Johns Hopkins Accounts Payable System (examples include medical/dental/dependent care reimbursements, travel expense report reimbursements, other employee reimbursements) are made in the same manner as the individual receives net pay. If the individual receives a paycheck, then accounts payable disbursements are paid by check. If the individual receives net pay by direct deposit, then accounts payable disbursements are paid by direct deposit to the same bank and account. Accounts Payable disbursements can not be made to a different bank or account or by a different method.
7. Direct Deposit forms can be mailed in, faxed or emailed as a scanned attachment. Completed forms can be sent to:
 - Payroll Shared Services
 - 1101 East 33rd Street
 - Suite D-200
 - Baltimore, MD 21218
 - Ph # 443-997-8146, Fax # 443-997-6686
 - DirectDeposits@jhu.edu