

**Direct Deposit Authorization Agreement B
AUTHORIZATION AGREEMENT FOR
DIRECT DEPOSIT OF
NET PAY AND/OR TRAVEL REIMBURSEMENT**

Employee:	Work Unit:	Email:
Daytime Phone:	Emp ID #:	Social Security #:

<input type="checkbox"/> PAYROLL ACTION	<input type="checkbox"/> New Agreement	<input type="checkbox"/> Change Existing Agreement	<input type="checkbox"/> Stop Direct Deposit
<input type="checkbox"/> Checking (Attach voided check)		Financial Institution Routing #:	
<input type="checkbox"/> Savings (Attach blank deposit slip)		Account #:	

<input type="checkbox"/> OTHER ACTION (e.g., Travel)	NOTE: 100% of reimbursement must be deposited into a single bank account – multiple %'s or multiple bank accounts are not allowed		
	<input type="checkbox"/> New Agreement	<input type="checkbox"/> Change Existing Agreement	<input type="checkbox"/> Stop Direct Deposit
	<input type="checkbox"/> Checking Only (Attach voided check)		Financial Institution Routing #:
		Account #:	

I authorize the Georgia Department of Technical and Adult Education (Department) to deposit my net pay and/or travel reimbursement directly to my account and to adjust any over/under deposit. I recognize that this/these transaction(s) shall be accomplished electronically. Further, I acknowledge that the responsibility of my employer to provide me with my net pay and/or travel reimbursement shall be satisfied by the Department providing a correct credit entry consistent with the automatic service agreement (credits) between the Department and _____ (name of financial institution).

Should the Department notify the bank or financial institution that funds to which I am not entitled have been inadvertently deposited to my account, I hereby authorize and direct the bank or financial institution to return said funds to the Department as soon as possible. I also agree to repay any funds deposited to my account by the Department, but not earned by me at the time of my termination from employment.

I understand that I am responsible for providing written notification to the Department's Human Resources Director if I change banks, financial institutions, or accounts, or if I choose to discontinue direct deposit.

In signing this authorization for Direct Deposit and accept as referenced in the accompanying policy, I understand that the following checks will not be automatically deposited into my account:

- First check after enrollment in the direct deposit program. (Bank/financial institution requires pre-notification.)
- First check after the Office of Human Resources enters authorized changes to my bank/financial institution account.
- As applicable, the last check paid to me upon my termination from the Department.
- Any manual or off-cycle check.

Employee Signature: _____ Date: _____

**ATTACH VOIDED CHECK AND/OR SAVINGS DEPOSIT SLIP
HERE
TAPE ON BOTH SIDES
(NO STAPLES PLEASE)**

Payroll Direct Deposit – must have Voided Check or Blank Savings Deposit Slip
Travel Direct Deposit – must have Voided Check