



**PAYROLL SHARED SERVICES**

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FAX (770) 359-5565

**Authorization Agreement for Automatic Deposit of Net Pay  
(For New Hires and Employees with No TeamWorks Access ONLY)**

I \_\_\_\_\_, Employee ID Number \_\_\_\_\_ authorize the State Accounting Office to deposit my net pay directly into the bank account(s) indicated below. I recognize that the deposit of my net pay shall be made by electronic means. I also give the State Accounting Office permission to debit my account in the event it was credited erroneously. PSS allows employees to enroll in direct deposit for up to three bank accounts.

Attached is/are voided check(s) showing the information for my account(s) at the banking institutions indicated below.

**Payroll Shared Services Use Only**

| Deposit Number | Bank Name | Account Type<br>Chkg/ Svgs | Amt or<br>Balance | Routing # | Account # |
|----------------|-----------|----------------------------|-------------------|-----------|-----------|
| 1              |           |                            |                   |           |           |
| 2              |           |                            |                   |           |           |
| 3              |           |                            |                   |           |           |

In signing this authorization for direct bank deposit, I understand that the State Accounting Office uses a pre-notification procedure to test the accuracy of the banking information provided. This procedure requires that an **actual check** be generated the first pay period after the initial direct deposit is set up. It also generates a paper check the first period after any changes to my account. I also understand that the State Accounting Office reserves the right to stop my direct deposit and generate a check when necessary and upon termination of employment. **All paper checks will be mailed/distributed by the employing agency on the employee's designated payday and will be dated the date of the employee's pay date.** I further understand that it is my responsibility to notify my employer immediately of any closed accounts that will affect direct deposit. Any charges incurred due to incorrect information will be the responsibility of the employee. I further understand that the process will take 7 to 10 days should it become necessary to reissue a paper check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Attached voided check(s) here.