

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT OF NET PAY**

I, \_\_\_\_\_, authorize the Georgia Department of Community Health (DCH) to deposit my net pay directly into my bank account. DCH is also authorized to adjust any over/under deposit which it has caused to be made to my account.

I RECOGNIZE THAT THE DEPOSIT OF MY NET PAY SHALL BE MADE BY ELECTRONIC MEANS. I ACKNOWLEDGE THAT THE RESPONSIBILITY OF THE GEORGIA DEPT OF COMMUNITY HEALTH TO PROVIDE ME MY NET PAY SHALL BE SATISFIED BY THE DEPARTMENT'S PROVIDING A CORRECT CREDIT ENTRY IN ACCORDANCE WITH THE AUTOMATIC DEPOSIT SERVICES AGREEMENT BETWEEN THE GEORGIA DEPT OF COMMUNITY HEALTH AND WACHOVIA BANK

Attached is a voided check with the correct account information: \_\_\_\_\_  
Name of Employee's Bank

If I change banks or bank account information, or choose to discontinue Direct Bank Deposit, I am responsible for notifying the Payroll Office in writing of the change immediately.

The net amount of my check is to be deposited into the:  Checking Account  Savings Account

In signing this authorization for Direct Bank Deposit, I understand that certain checks will not be automatically deposited into my account but will be given to me. These checks are:

- (1) First check after Payroll Office sets up Direct Bank Deposit (Bank requires pre-notification)
- (2) First check after payroll enters authorized changes in my bank or bank account
- (3) Last check paid to me upon my termination or leave without pay from the department
- (4) Any check that is not run at least three (3) days prior to pay day

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**For Payroll Use Only**

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Employee Bank Routing Number: \_\_\_\_\_

Employee Bank Account Number: \_\_\_\_\_

