

**North Georgia Regional Educational
Service Agency**

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

NAME: _____

DATE: _____

FINANCIAL INSTITUTION: _____

ROUTING/TRANSIT #: _____

This should be the ACH routing number.

ACCOUNT NUMBER: _____

ACCOUNT TYPE: Checking Savings

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- I understand that it could take up to one payroll cycle to begin my deposit
 - I understand that I am responsible for supplying the correct bank information.
 - I understand that any change **MUST** be submitted to North Georgia RESA **PRIOR** to the next pay period

I authorize North Georgia RESA to initiate electronic credit entries, and if necessary, debit entries and adjustments to correct any erroneous entries made to my account listed above. I hereby certify that I am the owner of the personal account listed above. Furthermore, I authorize North Georgia RESA or Appalachian Community Bank to debit my account in the event that North Georgia RESA is unable to settle the entry. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have canceled in writing.

Check the following, as applicable:

_____ Begin my direct deposit.

_____ Cancel my direct deposit.

_____ Change my information. (Attach copy of voided check)

_____ Continue my direct deposit.

EMPLOYEE SIGNATURE: _____

Please attach a voided check for verification of all financial institution information.

WAIVER

I do not wish to participate in direct deposit at this time. I understand that it will not be offered to me again until open enrollment.

PRINTED Name

Signature