

**AUTHORIZATION AGREEMENT FOR
DIRECT DEPOSIT OF
NET PAY AND/OR OTHER EXPENSE REIMBURSEMENT**

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

<input type="checkbox"/> PAYROLL ACTION	<input type="checkbox"/> New Agreement	<input type="checkbox"/> Modify Existing Agreement
<input type="checkbox"/> Checking (Attach voided check[s]) <input type="checkbox"/> Savings (Attach blank deposit slip[s]) <input type="checkbox"/> Debit Card (Attach Agreement)	Financial Institution Routing ###(s): Account ##(s):	

<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"/> Modify Existing Agreement
<input type="checkbox"/> Checking (Attach voided check) <input type="checkbox"/> Savings (Attach blank deposit slip[s]) <input type="checkbox"/> Debit Card (Attach Agreement)	Financial Institution Routing #: Account #:	

I authorize the Savannah Technical College to deposit 100% of my net pay and/or 100% of other reimbursements (e.g., travel) directly to my account(s) and to adjust any over/under deposit/funds transfer. I recognize that this/these transaction(s) shall be accomplished electronically. Additionally, I acknowledge that the responsibility of my employer to provide me with my net pay and/or other reimbursement shall be satisfied by the College providing a correct credit entry consistent with the automatic service agreement (credits) between the College and _____ (name of financial institution[s] or debit card provider).

Should the College notify the financial institution(s)/debit card provider that funds to which I am not entitled have been inadvertently deposited/transferred to my account(s), I hereby authorize and direct the financial institution(s)/debit card provider to return said funds to the College as soon as possible. I also agree to repay any funds deposited/transferred to my account(s) by the College, but not earned by me as soon as possible after notification, but no later than at the time of my termination from employment.

I understand that I am responsible for notifying the offices noted below if I change financial institution(s) or debit card provider or, if I add a new direct deposit account, cancel an existing direct deposit account, or modify an existing direct deposit account (e.g., account number or routing number) or the amount deposited into said account(s) through the People Soft Employee Self Service Module under the Team Georgia Connection:

Payroll changes: Payroll Department 443-5488

I further agree that if I have an active garnishment, I will not modify this Agreement using the Employee Self Service Module until first notifying the STC Payroll Department at 443-5488.

By signing this Authorization for Direct Deposit, I understand that the following checks will not be automatically deposited into my account(s):

- First check following initial enrollment in the direct deposit program.
- As applicable, the first check after I initiate any change to my personal account(s), including a change of financial institution(s) or debit card provider.
- Any off-cycle check.
- Terminal leave pay.

Employee Signature: _____ Date: _____

**AS APPLICABLE, ATTACH VOIDED CHECK(S) AND/OR SAVINGS DEPOSIT SLIP(S) HERE;
TAPE ON BOTH SIDES (NO STAPLES PLEASE) – ATTACH SEPARATE SHEET, IF NECESSARY, FOR
ADDITIONAL CHECKS/SLIPS.**

Payroll Direct Deposit – must have Voided Check(s), Blank Savings Deposit Slip(s), or Completed Debit Card Agreement
Other Direct Deposit – must have Voided Check, Blank Savings Deposit Slip, or Completed Debit Card Agreement