

Dodge County Board of Education

720 College Street • Eastman, Georgia 31023 (478)374-3783 Office/(478)374-6697 Fax

Direct Deposit / ACH Credit Authorization

ID Number	Last Naı	me	First Name					Middle Name		
Current Address New		City				State	Zip Code	e		
Primary Phone Number Second		dary Phone Number		Email Address			New? Employ		ee Title	
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Turahunahian a ta Chaut	Diwa at D									
Instructions to Start or Stop Direct Deposit Please Note: If requesting more than one account for Payroll deposit transactions you must indicate which account your										
Accounts Payable Employment Related Expense Reimbursements and Travel Advances will be routed to OR Accounts										
Payable transactions will default to the financial institution that receives your "Balance of Net Pay". A voided check must be attached for each account (no deposit slips, please).								П		
A volucu check must be u	First Account			Start				☐ Start		
				- Stop	Seco	ond Acco	Stop			
Select Type of Account		☐ Checking ☐ Savir				Пς	☐ Checking ☐		Savings	
Indicate if your Account is		☐ Personal ☐ Busi				☐ Personal			☐ Business	
Name of Financial Institution										
Routing Number										
Account Title										
Account Number										
Financial Institution Location										
Enter Deposit Amount		Fixed Amount \$				Fixed Amount \$				
		\square Balance of Net Pay				\square Balance of Net Pay				
International ACH Transaction (IAT) Statement		The entire amount of my payment via direct deposit to a U.S. financial institution								
		□is								
You must check the appropriate box to complete this statement.		\square is not								
		being transferred/forwarded to a financial institution outside the U.S.								
Employee Acknowledgement and Authorization										
 I authorize Dodge County Board of Education to initiate electronic credit entries for the purpose of Payroll transactions and Accounts Payable Employment Related Expense and if necessary, make debit entries and adjustments to reverse any credit entries made to my account(s) in error. 										
• I acknowledge that the origination of ACH transactions to my account must comply with the provisions of Georgia and U.S. law.									of Georgia	
• I understand that this ACH authorization will remain in effect until I cancel it in writing with Human Resources.								sources.		
Employee Signature						Date				