**Direct Deposit Authorization Form**

In accordance with the Required Electronic Transfer of Funds policy effective July 1, 2011, as a condition of employment, a person hired or rehired to a position in the University System of Georgia on or after July 1, 2011 is required to accept all payroll-related payments by direct deposit. The complete policy can be found in the Board of Regents Policy Manual, Section 7 Finance and Business, 7.5.1.1, Required Electronic Transfer of Funds, at the following location: <http://www.usg.edu/policymanual/>. The business procedures and related documents can be found in the Business Procedures Manual, Section5, Payroll, 5.3.1, Method of Payment for Compensation and at the following location: <http://www.usg.edu.policies/>.

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Employee Name** |  | **SSN (last 4 digits)** |
|  |  |  |
| **Department You Work For** |  | **Email** |
|  |  |  |
| **Address** |  | **Phone** |

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Account #1** |  **🞎 Savings 🞎 Checking** |
| **Percent:** |  | **%** | **(OR)** | **Flat Amount:** | **$** |
| **Bank Routing Number / Primary Account #:** |  |  |

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Account #2** |  **🞎 Savings 🞎 Checking** |
| **Percent:** |  | **%** | **(OR)** | **Flat Amount:** | **$** |
| **Bank Routing Number / Primary Account #:** |  |  |

***-* *Up to five (5) accounts may be added through oneusgconnect.usg.edu -***

|  |
| --- |
|  |

“I understand, that as a condition of my employment, I must comply with the Board of Regents policy and enroll in direct deposit within 30 days of being hired or rehired and remain enrolled in direct deposit during the remainder of my employment. I understand that I can apply for an exemption from this requirement as provided by the policy. I acknowledge the responsibility of ensuring the accuracy of banking information (i.e. routing/transit numbers, account numbers, etc.) before I complete this form or enroll in direct deposit via the OneUSG Connect.”

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Employee Authorization Signature** |  | **Date** |

 **Forward this agreement to: Payroll Services**

 **Campus Box 036 ATTACH VOIDED CHECK(S)**

 **Milledgeville, GA 31061**

 **Fax 478-445-2269**

 **Revised December 15, 2017**