



# MANDATORY DIRECT DEPOSIT AUTHORIZATION

## EMPLOYEE INFORMATION

NAME: \_\_\_\_\_ EMPLOYEE ID #: \_\_\_\_\_

CHECK ONE:                      Monthly Employee                      Biweekly Employee

SCHOOL/DEPARTMENT: \_\_\_\_\_

I hereby authorize the Cobb County School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and debit the same entries to such account.

## BANKING INFORMATION

PRIMARY ACCOUNT: 100% of Pay check amount will be deposited into the primary account

CHECK ONE:                      New Account Setup                      Change

CHECK ONE:                      Checking Account                      Savings Account

SECONDARY ACCOUNT: Specify the flat amount to be deposited into your secondary account. 100% of the remaining check total will be deposited into your primary account.

CHECK ONE:                      New Account Setup                      Change                      Delete Account

AMOUNT: \$ \_\_\_\_\_

CHECK ONE:                      Checking Account                      Savings Account

I agree that the financial institution indicated on my voided check below may treat each such deposit as if it were personally deposited by me. This authority will remain in effect until canceled in writing.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**You must attach either a voided check  
OR an authorization form from your bank for automatic payroll deposits**

**ATTACH A VOIDED  
CHECK HERE**

**PLEASE NOTE:**  
Federal Reserve requirements and time lines for direct deposit may delay your first direct deposit beyond the next scheduled monthly/biweekly pay date.

**Other Documents Send/Attach as a Second Page**

**Send Original to Payroll Services along with either a voided check or bank authorization showing the routing and account number(s).**

**Payroll Services Fax: 678-594-8566**

*Please Keep a Copy for Your Records*