PROSECUTING ATTORNEYS' COUNCIL OF GEORGIA
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT OF NET PAY THROUGH ELECTRONIC FUNDS TRANSFER

I, _____, authorize The Prosecuting Attorneys' Council of Georgia to deposit my net pay directly into my bank account. The Prosecuting Attorneys' Council of Georgia is also authorized to adjust for correction of any over/under deposit, which is made to my account prior to the electronic transfer of funds.

Attached is a voided check showing the correct information for my account at _____. If I change banks* or bank account*, or if I choose to discontinue Direct Bank Deposit, I am responsible for notifying the Payroll Office in writing of the change ***immediately***. *(Any charges incurred due to incorrect information will be the responsibility of the employee.)*

Any ***Direct Bank Deposit Authorization form received, in the Payroll Office, after the cutoff for Employee Changes (see Payroll Calendar at www.pacga.org) will be processed the next pay period.*** In signing this authorization for Direct Bank Deposit, I understand that certain checks will not be automatically deposited into my account but will be paper checks given to me. These checks are:

1. First check after Payroll Office sets up Direct Bank Deposit. *{Bank requires prenotification}*
2. First check after Payroll Office enters authorized changes to my bank or bank account. *{Bank requires prenotification}**
3. Last check paid to me upon my termination from the department or institution.

Signature: _____ **Check one only:** ☐ Checking Account ☐ Savings Account

Employee ID:_____ Employee Phone:_____ Employee Email:_____

Date: _____

For Payroll Use Only

Bank Number (ABA Routing No.):

Bank Account Number: