
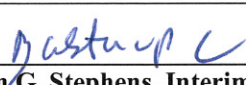




COBB COUNTY COMMUNITY SERVICES BOARD
DOUGLAS COUNTY COMMUNITY SERVICES BOARD

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Policy # 2053	Direct Deposit of Payroll
Origination Date: January, 1998	
Revision Date: December 2003; April 2006; April 21, 2009; October 15, 2014	
Reviewed Date: February 2005; May 9, 2007; May 14, 2008; April 3, 2009, May 18, 2010, June 16, 2011, March 7, 2012, July 26, 2013, October 17, 2016	
Approved:	
 Paul Ascari, Chief Financial Officer	 Bryan G. Stephens, Interim Executive Director

POLICY:

It is the policy of the Cobb County Community Services Board and the Douglas County Community Services Board to provide for voluntary direct deposit of payroll checks by employees.

PROCEDURE:

A. Direct Deposit into Employee's Bank Account

1. Participation in Direct Deposit of Payroll (DDP) is voluntary.
2. Application is made by completing an "AUTOMATIC DEPOSIT AUTHORIZATION" form (*See Attachment A*) and furnishing a blank voided check for the employee's bank account. Applications received by ineligible employees will be returned to them.
3. The Chief Financial Officer may remove an employee from direct deposit for any reason.
4. Direct Deposit will be removed for terminated employees and/or employees that have given notice of termination.

DIRECT DEPOSIT AUTHORIZATION

I, _____ (print legal name), hereby authorize my employer, Cobb County Community Services Board (Cobb CSB) or Douglas County Community Services Board (Douglas CSB) to deposit each pay period my net pay into my checking/savings account at the below named bank. Cobb County Community Services Board and Douglas County Community Services Board are also authorized to adjust any over/under deposit which it has caused to be made to my account. I will not hold my bank liable for any erroneous deposits of adjustments by the Cobb County Community Services Board or the Douglas County Community Services Board, and I agree that the financial institution listed below may treat each such deposit the same as if it were personally deposited by me.

Effective _____, Cobb CSB or Douglas CSB is authorized to deposit the net amount of my check into the following account(s) as listed below on the next available pay period after this date.

I also understand that management of my bank account is my personal responsibility. It is my responsibility to validate deposits prior to writing checks. Cobb County Community Services Board or Douglas County Community Services Board assumes no responsibility for overdrawn accounts due to delays in processing.

- This authorization will remain in effect until I have canceled it in writing.
- I understand that if I am a salaried employee, I must have an annual leave balance of 40 hours or more to be eligible for direct deposit.
- Direct deposit requires pre-notification. Once your automatic deposit is set up Cobb CSB or Douglas CSB, the agency bank will send a test notification to your bank. This step is required to ensure that your funds are being sent to the proper account.
- If you change your bank or bank account, the pre-notification process will be required. As a result, the first check after the changes are made will not be direct deposited.
- If you resign or transfer to another agency, your final paycheck and any paid annual leave will not be direct deposited.
- If you are placed on leave without pay for a portion of the pay period, your check may not be direct deposited.

PRIMARY ACCOUNT: automatic deposit of net pay after deductions

____ **Checking Account** (Attach a *voided check* and mark Primary)

____ **Savings Account** (Attach a *voided deposit slip or other documentation* and mark Primary)

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Bank Routing Number	
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Account Number	

SECONDARY ACCOUNT: only a Fixed Amount will be deposited into this account \$ _____

____ **Checking Account** (Attach a *voided check* and mark Secondary)

____ **Savings Account** (Attach a *voided deposit slip or other documentation* and mark Secondary)

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Account Number	

Signature _____ **Date** _____

Home (Street Address) _____ **City** _____ **State** _____ **Zip** _____

Cancellation of Automatic Deposit: I, _____, (print name) hereby authorize the cancellation of the automatic deposit of my primary and/or secondary account (circle one) effective on the next pay date after _____ (date).

Signature _____ Date _____