

HQ  
USE  
ONLY:

Print Legal Last Name

First Name

MI

Last 4 SSN Digits



# GEORGIA Federal-State Inspection Service

## Employee Direct Deposit Authorization

Year

FT:

Entered  
Date

Employee: This document must be completed and signed by the employee requesting automatic paycheck deposit. **Employee must attach a voided check for each account to verify bank routing number and accounting number.**

Entered  
By

**Account 1**

Account Type:

Checking

Savings

Verified  
By

Percentage or Dollar Amount to Deposit: \_\_\_\_\_

Bank Routing Number (ABA Number): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

**Account 2**

Account Type:

Checking

Savings

(Remainder of paycheck will be deposited to this account)

Bank Routing Number (ABA Number): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

*Please attach a voided check for each account here*

### Employee

This authorizes **GEORGIA Federal-State Inspection Service** to send credit entries (and appropriate debit and adjustment entries) electronically or by any other commercially accepted method, to my account indicated above and to other accounts I identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until **GEORGIA Federal-State Inspection Service** receives a written termination notice from myself and has a reasonable opportunity to act on it.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
District #