

Procedure: 4.9.8p

Direct Deposit of Pay

Revised: November 15, 2016; and July 13, 2010

Last Reviewed: May 19, 2025

Adopted: July 13, 2010



I. PURPOSE:

All full-time and part-time Technical College System of Georgia (TCSG) employees hired on or after May 1, 2010, shall be required to use direct deposit to receive all payroll-related payments unless specifically exempted by the State Accounting Officer. In addition, at the discretion of the TCSG System Office or employing Technical College, all such employees may be required to have all other reimbursements (e.g., travel) directly deposited.

All employees hired before May 1, 2010, are subject to the same mandate; however, any employee who fails to adhere to the directive will continue to receive a paper check for associated wages. In these instances, pay delivery will be delayed as described in Paragraph V. B. 6. At the discretion of the TCSG System Office or employing Technical College, these employees may also be required to have all other reimbursements (e.g., travel) directly deposited.

II. RELATED AUTHORITY:

O.C.G.A. § 20-4-11 – Powers of Board

O.C.G.A. § 20-4-14 – TCSG Established; Powers and Duties

III. APPLICABILITY:

All work units and Technical Colleges that are associated with the Technical College System of Georgia.

IV. DEFINITIONS:

Direct Deposit: The automatic deposit of net salary, hourly wages, or travel reimbursements to an employee's bank or financial institution account by electronic means.

Off-Cycle Check: A check for wages generated at any calendar month other than an established payday.

Immediate Supervisor: A supervisor who establishes performance expectations, and coaches, develops and assesses the performance of a subordinate employee.

Paycheck: A check for net pay and a statement indicating the amount of gross pay, authorized deductions, and, if applicable, leave balances.

Reviewing Manager: A manager charged with reviewing the performance plans and evaluations prepared by lower-level supervisor(s) in their direct line of supervision.

Terminal Leave Pay: Payment for accrued but unused, Annual Leave upon an employee's separation from employment with the System Office or Technical College. Terminal Leave Pay is not generated in response to an employee's transfer to another Executive Branch agency or another Technical College associated with the Technical College System of Georgia.

Other Reimbursement: Expenses (i.e., meals, lodging, mileage, transportation, and miscellaneous expenses) reimbursed consistent with the Statewide Travel Regulations developed by the Office of Planning and Budget and State Accounting Office Regulations and, as applicable, Technical College procedures/processes.

V. ATTACHMENTS:

Attachment: 4.9.8p.a1. Direct Deposit Authorization Agreement (Technical College) Attachment: 4.9.8p.a2. Direct Deposit Authorization Agreement (System Office) Attachment: 4.9.8p.a3. Direct Deposit Notification Form (Technical College) Attachment: 4.9.8p.a4. Direct Deposit Notification Form (System Office) Attachment: 4.9.8p.a5. Direct Deposit Personal Exemption Request Form (Technical College) Attachment: 4.9.8p.a6. Direct Deposit Personal Exemption Request Form (System Office)

VI. PROCEDURE:

A. Participation:

1. All individuals newly hired or rehired on or after May 1, 2010, in a salaried or hourly-paid position shall, as a condition of employment, complete the appropriate Direct Deposit Notification Form and must enroll in direct deposit within thirty (30) calendar days from the effective date of their appointment.

A new or rehired employee has an opportunity to request an exemption using the process outlined in paragraph V.B.; however, if he/she fails to meet the above-referenced standards or maintain participation in direct deposit throughout their employment, he/she shall be subject to disciplinary action up to and including dismissal.

2. Employees hired before May 1, 2010, and not currently participating in the direct deposit program should enroll or

request an exemption. Employees who fail to do so will continue to receive a paper check.

3. An employee must complete a Direct Deposit Authorization Agreement to enroll in direct deposit.
4. No mandatory annual leave balance shall govern an employee's initial or continued participation in the direct deposit program.
5. Based on a recommendation of an employee's immediate supervisor or reviewing manager, the System Office or Technical College's Office of Human Resources may temporarily discontinue an employee's participation in the direct deposit program if the salaried employee has a low leave balance and is likely to be placed in a Leave Without Pay status for one or more scheduled workdays during an established pay period due to previous or scheduled, authorized or unauthorized absence(s). All paper check(s) generated as a result of this action shall be processed consistent with State Accounting Office guidelines referenced in Paragraph V.B.6.

B. Personal Exemption Requests

1. An individual/employee desiring to be exempt from the direct deposit mandate must submit a Direct Deposit Personal Exemption Request Form to the State Accounting Office by facsimile (770-359-5944) or e-mail (stateaccountingoffice@sao.ga.gov). In addition, a copy of the Request Form should be provided to the System Office/Technical College Office of Human Resources.
2. All newly hired or rehired employees must submit appropriate attachments within thirty (30) calendar days of the date of their appointment.
3. If an employee's justification for requesting an exemption is that they cannot obtain a bank account. In that case, the employee must submit a letter or other documentation from a financial institution supporting this contention with the completed Direct Deposit Personal Exemption Request Form.
4. If the basis for an employee's exemption request is an extreme hardship, a letter to the State Accounting Officer should accompany the completed Direct Deposit Personal Exemption Request Form. **NOTE:** Neither personal preference, concerns regarding any costs associated with establishing and/or maintaining a bank account, or a desire to withhold compensation-related information from a spouse or other joint accountholder will constitute an extreme hardship for receiving an exemption.

5. The State Accounting Officer shall decide on the appropriateness of an exemption request no later than fifteen (15) business days following receipt of the Direct Deposit Personal Exemption Request Form. The State Accounting Officer shall communicate with the employee via electronic mail regarding their decision.
6. Upon receipt and as outlined in the State Accounting Officer's e-mail, the employee should provide a copy of the e-mail to their Office of Human Resources.
7. As referenced in Paragraph V.A.2., an employee granted an exemption will receive a paper check which will be mailed to their home mailing address by the System Office or employing Technical College. The check will be dated and disbursed on each scheduled System Office/Technical College payday.
NOTE: It is an employee's responsibility to ensure that their mailing address in the Employee Self-Service Module is accurate.
8. The State Accounting Office, System Office, and employing Technical College assumes no responsibility for any delay associated with an employee receiving their paycheck via the United States Postal Service or its equivalent. **NOTE:** If a paycheck is lost in the mail, an employee may have to wait up to seven (7) business days before a replacement check can be issued and mailed.

C. Business Exemption Requests

1. The State Accounting Officer may authorize a business exemption for a given employee or category of employees to accommodate the particular business needs of an organization's payroll processing activities (e.g., payment cancellations and re-writes, limited employment period of affected employees, a given category of employees not eligible for direct deposit, etc.).
2. The System Office may initiate a request for a business exemption for one or more employees or on behalf of all Technical Colleges for a given category of employees. In addition, a Technical College may submit a request on behalf of one or more employees. Justification for the business exemption should comply with applicable State Accounting Office guidelines referenced in Paragraph V. C. 1.
3. A Business Exemption Request should be submitted to the State Accounting Office for consideration via e-mail to the following e-mail address: stateaccountingoffice@sao.ga.gov.
4. The e-mail should contain the basis for the request, the name of each employee to be exempted, and their employee ID# and mail drop ID#.

5. The State Accounting Officer or their designee will respond to the request by e-mail within the time frame established for personal exemption requests (Paragraph V B.5.). If a request is approved, the exemption will remain in effect until the System Office or Technical College informs the State Accounting Office to discontinue the exemption.
6. It will be the responsibility of the System Office/Technical College Office of Human Resources or Technical College Business Office to regularly update the State Accounting Office regarding changes to the list of exempted employees using the format referenced in Paragraph V. C. 4. Included should be the name(s) of all individual(s) to be added to the exemption list as well as those name(s) which should be removed.
7. Paper checks will be issued to all exempted employees in the same manner as those receiving a personal exemption (i.e., Paragraph V. B. 6.).
8. The State Accounting Office, System Office, and employing Technical College assumes no responsibility for any delay associated with an employee receiving their paycheck via the United States Postal Service or its equivalent. NOTE: If a paycheck is lost in the mail, an employee may have to wait up to seven (7) business days before a replacement check can be issued and mailed.

D. Administration:

The following checks will not be automatically deposited into an employee's account:

1. The first check following enrollment in the direct deposit program;
2. The first check after an employee authorizes any change to their account(s), including a change of banks or financial institutions, changes to the routing number and account numbers of an existing account, or after opening a new account at their current bank, financial institution, credit union, etc.;
3. An off-cycle paycheck.
4. At the discretion of the System Office or employing Technical College, a departing employee's terminal leave pay may be delivered through direct deposit if the
projected annual leave payout will occur after a normal payroll cycle; the projected amount accurately reflects the employee's final leave balance, and the System Office/Technical College exit process has been completed, including the return of all assigned State property (e.g., equipment, keys, ID, etc.) and materials associated with the position held.
5. Consistent with the provisions of the Direct Deposit

Authorization Agreement, the System Office or Technical College is authorized to adjust any over/under deposit made to an employee's account.

E. Change(s) to a Direct Deposit Agreement:

1. An employee participating in the direct deposit program may add a new direct deposit account, cancel an existing direct deposit account, or modify an existing direct deposit (e.g., change the amount being deposited into an account) by accessing the Employee Self-Service module. Employees must provide Human Resources documentation (i.e., a screenshot) of any changes for inclusion in the personnel file.
2. Any System Office or Technical College employee with an active garnishment must notify their Office of Human Resources or, as applicable, the Technical College Business Office before making any change(s) to their current direct deposit agreement.

VII. RECORD RETENTION:

A completed Direct Deposit Authorization Agreement shall be maintained in an employee's official personnel file with all other employment-related documents.

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF
NET PAY AND/OR OTHER EXPENSE REIMBURSEMENT for Technical College Employees**

Employee:	Work Unit:	E-mail:
Daytime Phone:	Emp ID #:	Social Security #:

☐ PAYROLL ACTION ☐ New Agreement ☐ Modify Existing Agreement		
☐ Checking (Attach voided check[s]) ☐ Savings (Attach blank deposit slip[s]) ☐ Debit Card (Attach Agreement)	Financial Institution Routing ##(s): Account ##(s):	
☐ OTHER ACTION (e.g., Travel) Note: 100% of reimbursement must be deposited into a single bank account – multiple %'s or multiple bank accounts are not allowed ☐ New Agreement ☐ Modify Existing Agreement		
☐ Checking (Attach voided check) ☐ Savings (Attach blank deposit slip[s]) ☐ Debit Card (Attach Agreement)	Financial Institution Routing #: Account #:	

I authorize the _____ Technical College to deposit ____% of my net pay and/or 100% of other reimbursements (e.g., travel) directly to my account(s) and to adjust any over/under deposit/funds transfer. I recognize that this/these transaction(s) shall be accomplished electronically. Additionally, I acknowledge that the responsibility of my employer to provide me with my net pay and/or other reimbursements shall be satisfied by the College providing a correct credit entry consistent with the automatic service agreement (credits) between the College and _____ (name of financial institution[s] or debit card provider).

Should the College notify the financial institution(s)/debit card provider that funds to which I am not entitled to have been inadvertently deposited/transferred to my account(s), I hereby authorize and direct the financial institution(s)/debit card provider to return said funds to the College as soon as possible. I also agree to repay any funds deposited/transferred to my account(s) by the College, but not earned by me, as soon as possible after notification, but no later than at the time of my termination from employment.

I understand that I am responsible for notifying the offices noted below if I change financial institution(s) or debit card provider or, if I add a new direct deposit account, cancel an existing direct deposit account, or modify an existing direct deposit account (e.g., account number or routing number) or the amount deposited into said account(s) through the People Soft Employee Self Service Module under the Team Georgia Connection:

Payroll changes: _____
 Travel/Other changes: _____

I further agree that if I have an active garnishment, I will not modify this Agreement using the Employee Self Service Module until first notifying: _____

By signing this Authorization for Direct Deposit, I understand that the following checks will not be automatically deposited into my account(s):

- First check following initial enrollment in the direct deposit program.
- As applicable, the first check after I initiate any change to my account(s), including a change of financial institution(s) or debit card provider.
- Any off-cycle check.
- Terminal leave pay.

Employee Signature: _____ Date: _____

AS APPLICABLE, ATTACH VOIDED CHECK(S) AND/OR SAVINGS DEPOSIT SLIP(S) HERE;
 TAPE ON BOTH SIDES (NO STAPLES, PLEASE) – ATTACH A SEPARATE SHEET, IF NECESSARY, FOR
 ADDITIONAL CHECKS/SLIPS.

Payroll Direct Deposit – must have Voided Check(s), Blank Savings Deposit Slip(s), or Completed Debit Card Agreement.
Other Direct Deposit – must have Voided Check, Blank Savings Deposit Slip, or Completed Debit Card Agreement.

Attachment: 4.9.8p.a2.**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF
NET PAY AND/OR OTHER EXPENSE REIMBURSEMENT for System Office Employees**

Employee:	Work Unit:	E-mail:
Daytime Phone:	Emp ID #:	Social Security #:

☐ PAYROLL ACTION			☐ New Agreement	☐ Modify Existing Agreement
	☐ Checking (Attach voided check[s])	Financial Institution Routing #/ #'s:		
	☐ Savings (Attach blank deposit slip[s])	Account #/ #'s:		
	☐ Debit Card (Attach Agreement)			
☐ OTHER ACTION (e.g., Travel)				
NOTE: 100% of reimbursement must be deposited into a single bank account – multiple %'s or multiple bank accounts are not allowed				
			☐ New Agreement	☐ Modify Existing Agreement
	☐ Checking (Attach voided check)	Financial Institution Routing #:		
	☐ Savings (Attach blank deposit slip)	Account #:		
	☐ Debit Card (Attach Agreement)			

I authorize the Technical College System of Georgia (TCSG) to deposit ___% of my net pay and/or 100% of other reimbursements (e.g., travel) directly to my account(s) and to adjust any over/under deposit/funds transfer. I recognize that this/these transaction(s) shall be accomplished electronically. Additionally, I acknowledge that the responsibility of my employer to provide me with my net pay and/or other reimbursements shall be satisfied by the TCSG by providing a correct credit entry consistent with the automatic service agreement (credits) between the TCSG and (name of financial institution[s] or debit card provider).

Should the TCSG notify the financial institution(s)/debit card provider that funds to which I am not entitled to have been inadvertently deposited/transferred to my account, I hereby authorize and direct the financial institution(s)/debit card provider to return said funds to the TCSG as soon as possible. I also agree to repay any funds deposited/transferred to my account(s) by the TCSG but not earned by me as soon as possible after notification but no later than at the time of my termination from employment.

I understand that I am responsible for notifying the TCSG's Human Resources Director if I change financial institution(s) or debit card provider or, if I add a new direct deposit account, cancel an existing direct deposit account, or modify an existing direct deposit account (e.g., account number or routing number) or the amount deposited into said account(s) through the People Soft Employee Self Service Module under the Team Georgia Connection.

I further agree that if I have an active garnishment, I will not modify this Agreement using the Employee Self Service Module until first notifying the TCSG Office of Human Resources.

In signing this authorization for Direct Deposit, I understand that the following checks will not be automatically deposited into my account(s):

- First check following initial enrollment in the direct deposit program.
- As applicable, the first check after I initiate any change to my account(s), including a change of financial institution(s) or debit card provider.
- Any off-cycle check.
- Terminal Leave Pay.

Employee Signature: _____ Date: _____

**AS APPLICABLE, ATTACH VOIDED CHECK(S) AND/OR SAVINGS DEPOSIT SLIP(S) HERE;
TAPE ON BOTH SIDES (NO STAPLES, PLEASE) – ATTACH A SEPARATE SHEET, IF NECESSARY, FOR
ADDITIONAL CHECKS/SLIPS**

Payroll Direct Deposit – must have Voided Check(s), Blank Savings Deposit Slip(s), or Completed Debit Card Agreement.

Other Direct Deposit – must have Voided Check or Blank Savings Deposit Slip or Completed Direct Card Agreement.

Technical College System of Georgia

Direct Deposit Notification Form for Technical College Employees

According to an April 2010 directive from the State Accounting Officer and the Commissioner of the State Personnel Administration, all full- and part-time employees hired on or after May 1, 2010, shall be required, as a condition of employment, to use direct deposit to receive payroll related payments unless specifically exempted by the State Accounting Officer in the manner addressed in State Board Policy 4.9.7.

I understand that as a condition of employment, I must comply with this directive and the accompanying Technical College System of Georgia policy. I may also be required to have all other reimbursements (e.g., travel) directly deposited. I understand that I must enroll in direct deposit using the Direct Deposit Authorization Agreement Form (Technical College) within thirty (30) calendar days of beginning work. I further understand that I must participate in direct deposit throughout my employment with _____ Technical College, any work unit, or other Technical College associated with the Technical College System of Georgia.

Should the College notify the bank(s), financial institution(s), or, as applicable, debit card provider that funds to which I am not entitled to have been inadvertently deposited to my account(s), I authorize and direct the bank(s), financial institution(s), provider to return said funds to the College as soon as possible. I also agree to repay any funds deposited to my account(s) or, as applicable, a debit card by the College, but not earned by me as soon as possible but no later than at the time of my leaving employment.

I understand that if the State Accounting Officer does not approve an exemption request, I must participate in direct deposit. If I fail to enroll in direct deposit within the time frame referenced above, I understand that I will be subject to disciplinary action up to and including dismissal.

Employee Name (Please Print): _____

Employee Name (Signature): _____

Date: _____

Copy to the Employee and Personnel File

Attachment: 4.9.8p.a4.

Technical College System of Georgia

Direct Deposit Notification Form for System Office Employees

Pursuant to an April 2010 directive from the State Accounting Officer and the Commissioner of the State Personnel Administration, all full- and part-time employees hired on or after May 1, 2010, shall be required, as a condition of employment, to use direct deposit to receive payroll related payments unless specifically exempted by the State Accounting Officer in the manner addressed in State Board Policy 4.9.8.

I understand that as a condition of employment, I must comply with this directive and the accompanying Technical College System of Georgia policy and have all other reimbursements (e.g., travel) directly deposited unless an exemption is authorized. I understand that I must enroll in direct deposit using the Direct Deposit Authorization Agreement Form (System Office) within thirty (30) calendar days of beginning work. I understand that I must participate in direct deposit throughout my employment with the System Office or any Technical College associated with the Technical College System of Georgia.

Should the Technical College System of Georgia notify the bank(s), financial institution(s), or, as applicable, debit card provider that funds to which I am not entitled to have been inadvertently deposited into my account(s), I authorize and direct the bank(s), financial institution(s), provider to return said funds to the Technical College System of Georgia as soon as possible. I also agree to repay any funds deposited to my account(s) or, as applicable, a debit card by the Technical College System of Georgia, but not earned by me as soon as possible but no later than at the time of my leaving employment.

I understand that if the State Accounting Officer does not approve an exemption request, I must participate in direct deposit. If I fail to enroll in direct deposit within the time frame referenced above, I understand that I will be subject to disciplinary action up to and including dismissal.

Employee Name (Please Print): _____

Employee Name (Signature): _____

Date: _____

Copy to the Employee and Personnel File

Attachment: 4.9.8p.a5.

Direct Deposit Personal Exemption Request Form for College Employees

Employee Information

Last Name	First	Middle	
Street Address	City	State	Zip Code
Job Title	Employee ID		
Technical College	Work Unit		
E-Mail Address	Work Telephone Number		

Policy:

It is the policy of the State of Georgia that all employees paid by the PeopleSoft HCM central payroll system (System) administered by the State Accounting Office (SAO) be required to use direct deposit to receive payroll-related payments. The policy can be located on SAO's website (www.sao.georgia.gov) at the following location: State Accounting Office Policy Manual: Category 5 – Business Process Policies & Procedures.

Personal Exemption Request:

I request to be paid by paper check for the following reason (check one):

- _____ I currently do not have an account at an eligible financial institution and cannot obtain an account. Attached is a letter from an eligible financial institution to this effect.
- _____ I request that the State Accounting Officer consider an exemption for my specific extreme hardship. Attached is a letter explaining my hardship.

Employee Acknowledgements:

All payroll-related payments will be made in accordance with O.C.G.A. 50-5B-3(3), which states, "The State Accounting Officer shall prescribe how state government organizations shall make disbursements." I understand that all paper checks will be dated and mailed by the State Accounting Office on the employee's designated payday. No post-dated paper checks will be mailed prior to the designated payday. An employee receiving their pay by paper check will be required to maintain a valid mailing address in the PeopleSoft System.

The State of Georgia assumes no responsibility for a delay in an employee receiving a paper check via the United States mail or its equivalent.

If a paper check must be reissued in response to a lost check, the employee understands that he/she may have to wait up to seven (7) days before a replacement check can be issued and mailed.

An employee may enroll in direct deposit at any time should their circumstances change and understands that he/she may be offered other payment methods (other than a paper check) when such options become available.

By signing in the signature block below, I acknowledge having been provided a copy of the referenced policy requiring direct deposit; acknowledge the advisement to new hires and rehires regarding possible dismissal; acknowledge the risks associated with paper checks, and hereby submit my request for an exemption for the reason state above.

Signature

Date

The completed form should be submitted to

State Accounting Office

Fax Number: 770-359-5944

E-Mail: stateaccountingoffice@sao.ga.gov

Attachment: 4.9.8p.a6.

Direct Deposit Personal Exemption Request Form for System Office Employees

Employee Information

Last Name	First	Middle
Street Address	City	State Zip Code
Job Title	Employee ID	
Agency/Department	Work Unit	
E-Mail Address	Work Telephone Number	

Policy:

It is the policy of the State of Georgia that all employees paid by the PeopleSoft HCM central payroll system (System) administered by the State Accounting Office (SAO) be required to use direct deposit to receive payroll-related payments. The policy can be located on SAO's website (www.sao.georgia.gov) at the following location: State Accounting Office Policy Manual: Category 5 – Business Process Policies & Procedures.

Personal Exemption Request:

I request to be paid by paper check for the following reason (check one):

- _____ I currently do not have an account at an eligible financial institution and cannot obtain an account. Attached is a letter from an eligible financial institution to this effect.
- _____ I request that the State Accounting Officer consider an exemption for my specific extreme hardship. Attached is a letter explaining my hardship.

Employee Acknowledgements:

All payroll-related payments will be made in accordance with O.C.G.A. 50-5B-3(3), which states, "The State Accounting Officer shall prescribe how state government organizations shall make disbursements." I understand that all paper checks will be dated and mailed by the State Accounting Office on the employee's designated payday. No post-dated paper checks will be mailed prior to the designated payday. An employee receiving their pay by paper check will be required to maintain a valid mailing address in the PeopleSoft System.

The State of Georgia assumes no responsibility for a delay in an employee receiving a paper check via the United States mail or its equivalent.

If a paper check must be reissued in response to a lost check, the employee understands that he/she may have to wait up to seven (7) days before a replacement check can be issued and mailed.

An employee may enroll in direct deposit at any time should their circumstances change and understands that he/she may be offered other payment methods (other than a paper check) when such options become available.

By signing in the signature block below, I acknowledge having been provided a copy of the referenced policy requiring direct deposit; acknowledge the advisement to new hires and rehires regarding possible dismissal; acknowledge the risks associated with paper checks, and hereby submit my request for an exemption for the reason state above.

Signature

Date

The completed form should be submitted to

State Accounting Office

Fax Number: 770-359-5944

E-mail: stateaccountingoffice@sao.ga.gov