

Direct Deposit requests for Substitutes should be made by completing this form and sending to Payroll.

Do not close your existing account until you have notified the payroll office, in writing, of your intentions to change banks or accounts.

Instead of a paper pay check, you will receive the automatic benefit of having your pay deposited directly into your checking account. Your direct deposit stub will be mailed.

To change financial institutions or accounts after you are on direct deposit, notify the payroll office in writing to delete the previous account. Complete a new Direct Deposit authorization to activate a new account.

Direct Deposit requests for employees should be made by visiting the website listed below.

<https://ccpsshare.clayton.k12.ga.us/district/Pages/My-Direct-Deposit-Info.aspx>

OR click on 'Employee Portal' from the CCPS home page.

All accounts must be checking accounts.

To change financial institutions or accounts after you are on direct deposit please use the employee portal to activate a new account. Notify the payroll office in writing to delete the previous account.

You will receive your pay stub via e-pay statement.

FREQUENTLY ASKED QUESTIONS ABOUT DIRECT DEPOSIT

1. How do I sign up for Direct Deposit?

Substitutes – complete **this** form and send to Payroll.

Employees – click on 'Employee Portal' from the CCPS home page **OR** go to the following website:

<https://ccpsshare.clayton.k12.ga.us/district/Pages/My-Direct-Deposit-Info.aspx>

2. After I sign up, when does Direct Deposit begin?

In order to allow time to process the authorization, Direct Deposit usually begins by the second pay cycle after registering.

3. Credit Union Accounts

Requests are made the same as regular checking accounts. **All accounts must be checking accounts.**

DIRECT DEPOSIT AUTHORIZATION

Please complete and return this form to your payroll department.

Name: _____

SS Number or Employee ID Number: _____

Name of Your Financial Institution: _____

City _____ State _____

Account Number: _____

Checking only: _____

I authorize you and the Financial Institution listed to deposit my net pay automatically to my account each payday, and to initiate adjustments, if necessary, for any entries made in error to my account. This authority will remain in effect until I have cancelled in writing.

Signature: _____

Date: ____ / ____ / ____

- ATTACH VOIDED CHECK / BANK AUTHORIZATION SHEET