

EMORY HEALTHCARE

Policy: DIRECT DEPOSIT/PAY ADVICE POLICY

Submitted By: Payroll
Date: January 2017

Approved By: Mary Beth Allen
Title: CHRO

POLICY:

To ensure all employees are paid in a secure and timely manner.

PROCEDURES:

All employees of Emory Healthcare, Inc. and Emory Specialty Associate, LLC., must have pay checks direct deposited into an account at a financial institution. Direct Deposit forms are available through Human Resources and Payroll.

The alternative option for employees without a direct deposit account is the Cash Pay card offered through Bank of America. The Cash Pay enrollment and direct deposit authorization form is available in payroll and on the Payroll's intranet page under the Forms section.

Several area banks may waive monthly fees for Emory employees or offer other group banking incentives. Employees should check with financial institutions to inquire what is available.

PAY ADVICES:

All employees of Emory Healthcare, Inc. and Emory Specialty Associates, LLC access their direct deposit pay advice through e-Vantage in People Soft Self Service. Employees receive an email notification when their advice is available to view on line.

SCOPE/APPLICABILITY:

This policy applies to all Emory Healthcare.

RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:

N/A

CONSEQUENCES OF NON-COMPLIANCE:

N/A

Administrative

Departmental

Direct Deposit Authorization Agreement

Emory Healthcare, Inc. and Emory Specialty Associates, LLC employees can update direct deposit information in People Soft Self Service. Go to <https://pssofthr.cc.emory.edu>. If you submit your direct deposit in Employee Self Service you do not need to complete the direct deposit authorization agreement.

Employee Name (Please Print): _____ **Employee ID or SSN:** _____

Daytime Telephone or Email:

INSTRUCTIONS

1. PLEASE PRINT ALL INFORMATION LEGIBLY.
2. Validate routing number and account number on your check or deposit slip from your bank. Information completed below is the responsibility of the employee to complete accurately.
3. Attach a voided check to this form for checking account direct deposits. If you do not have checks you may submit a letter from your bank with the bank name, bank address, your name, your account number and the bank routing number.
4. Attach a deposit slip to this form for savings account direct deposits. If you do not have a deposit slip you may submit a letter from your bank with the bank name, bank address, your name, your account number and the bank routing number.
5. You must complete the personal information, sign and date this form. Allow 1 pay period for direct deposit to become effective.

I would like Sign up for NEW Direct Deposit to the account(s) listed below
 Change my existing information (**Fill in every line below to show how your check should be deposited**)
 STOP Direct Deposit (**Enter the account information below for the account(s) you want to stop**)

Bank Information

1. Bank Name	Routing #: _____ <div style="text-align: center; margin-left: 100px;">9 digits</div> Account #: _____ _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Primary account deposit type must be Balance
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<p>2. Bank Name</p>	<p>Routing #: _____ _____ 9 digits</p> <p>Account #: _____ _____</p>	<p><input type="checkbox"/> Checking (attach voided check)</p> <p><input type="checkbox"/> Savings</p>	<p>Fixed amount \$ _____ Or Percentage _____%</p>
<p>3. Bank Name</p>	<p>Routing #: _____ _____ 9 digits</p> <p>Account #: _____ _____</p>	<p><input type="checkbox"/> Checking (attach voided check)</p> <p><input type="checkbox"/> Savings</p>	<p>Fixed amount \$ _____ Or Percentage _____%</p>

Authorization

I authorize Emory Healthcare to deposit my net pay via direct deposit to my account(s) as indicated above. If funds to which I am not entitled are deposited to my account(s), I authorize Emory Healthcare to direct the financial institution(s) to return said funds.

I understand that it is my responsibility to verify that payments have been credited to my account(s) and the Emory Healthcare assumes no liability for overdraft for any reason. I understand that, in the event my financial institution(s) is/are not able to deposit any electronic transaction into my account due to any action I take; Emory Healthcare cannot issue the funds to me until the funds are returned to Emory Healthcare by the financial institution(s).

I understand this authorization will override any previous authorization and will remain in effect until revoked by my written request. I understand that I must immediately notify the Payroll office before I close an/all account(s) listed above while this authorization is in effect.

Employee Signature: _____

Date: _____

RETURN TO: EMORY HEALTHCARE Payroll, 550 Peachtree Street, WW Orr Bldg. 2nd Floor, Atlanta, GA 30302 Fax (404) 712-4338 or 686-4877

This form can be faxed to: (404)712-4338 or (404)686-4877

The following confidential information is used to ensure proper identification.

I hereby authorize Emory Healthcare, Inc., herein after called Emory Healthcare, Inc., to initiate credit/debit and/or correction entries to my CashPay account indicated below in the depository named below, herein called Bank of America, to credit the same such account.

This authorization is to remain in full force until Emory Healthcare, Inc. has received written notification from me of its termination in such time and in such manner as to afford Emory Healthcare, Inc. and Bank of America reasonable opportunity to act upon it.

CashPay Account Owner Information (Please Print)			
Name: First Name		Middle Initial	Last Name
Address:			Apartment #:
City:	State:	Country:	Zip Code:
Home Telephone (Area Code Required): () -		Work Telephone (Area Code Required): () -	
Date of Birth (YYYY/MM/DD) / /			
Social Security Number: Other legal form of ID if non-U/S. Matricula Card#:		Individual (Passport, Resident Card or	
Employment/Occupation:	Country of Citizenship:	County of Residency:	
Source of Income (Employer):		Email Address:	

Employee Signature: _____

Company Information			
Company Name: Emory Healthcare, Inc.			
Authorized Payroll Contact Work Location – Address: Payroll Department, WW Orr Building, 550 Peachtree Street, Atlanta, GA 30308			
City: Atlanta	State: GA	Country: USA	Zip Code: 30322
Anticipated first CashPay deposit date for this Employee:		Phone Number (Area Code Required): (404) 712-7106	

For Payroll Use Only

Enrollment Completed By:	Date:
Routing Number: 051000101	CashPay Acct #:
Information Verified By:	Date:

Phone Enrollment Form 8.21.02