

LAMAR STATE COLLEGE - PORT ARTHUR
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT
76-0658056

I authorize Lamar State College Port Arthur to credit my account with the depository named below. In the event that funds are deposited into my account in error, I authorize LSCPA to initiate the necessary debit entries, not to exceed the total of the original credit amount.

DIRECT DEPOSIT ONE

Financial Institution Name	<input type="checkbox"/> Bank <input type="checkbox"/> Savings and Loan <input type="checkbox"/> Credit Union <input type="checkbox"/> Other	Transit/ABA Number
City State Zip Code	<input type="checkbox"/> Checking Amount \$ _____ <input type="checkbox"/> Saving % _____	Account Number
Do you designate this account for direct deposit for Travel Reimbursement? Yes No		

DIRECT DEPOSIT TWO

Financial Institution Name	<input type="checkbox"/> Bank <input type="checkbox"/> Savings and Loan <input type="checkbox"/> Credit Union <input type="checkbox"/> Other	Transit/ABA Number
City State Zip Code	<input type="checkbox"/> Checking Amount \$ _____ <input type="checkbox"/> Saving % _____	Account Number
Do you designate this account for direct deposit for Travel Reimbursement? Yes No		

DIRECT DEPOSIT THREE

Financial Institution Name	<input type="checkbox"/> Bank <input type="checkbox"/> Savings and Loan <input type="checkbox"/> Credit Union <input type="checkbox"/> Other	Transit/ABA Number
City State Zip Code	<input type="checkbox"/> Checking Amount \$ _____ <input type="checkbox"/> Saving % _____	Account Number
Do you designate this account for direct deposit for Travel Reimbursement? Yes No		

DIRECT DEPOSIT FOUR

Financial Institution Name	<input type="checkbox"/> Bank <input type="checkbox"/> Savings and Loan <input type="checkbox"/> Credit Union <input type="checkbox"/> Other	Transit/ABA Number
City State Zip Code	<input type="checkbox"/> Checking Amount \$ _____ <input type="checkbox"/> Saving % _____	Account Number
Do you designate this account for direct deposit for Travel Reimbursement? Yes No		

This form must be received in the Human Resources Office by the **15th** of the month in order to be effective on the subsequent payroll. If you change bank accounts and/or financial institutions, a new authorization form must be submitted. This authorization will remain in effect until you provide written notification to cancel. A *voided check or deposit slip* MUST be submitted for each account listed above. If you cannot furnish a voided check or deposit slip, please have your financial institution complete the financial information section of this form and sign in the appropriate box below. **Return the completed form to Human Resources Office.**

Employee Signature	Department
Employee Name <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student	Employee ID:
Bank Representative Signature	Date