

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.

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

For your protection, this completed form must be returned to the Human Resources Office in person. We cannot accept forms submitted via Campus Mail or by email.