



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

****PLEASE PRINT****

Name	Banner I.D. No./Social Security No.
Department	Telephone

DIRECT DEPOSIT ONE

Financial Institution Name _____	Type of Institution <input type="checkbox"/> Bank <input type="checkbox"/> Savings & Loan <input type="checkbox"/> Other <input type="checkbox"/> Credit Union	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Fixed Amount \$ _____ Or Percentage _____	Routing Number	Account Number

DIRECT DEPOSIT TWO

Financial Institution Name _____	Type of Institution <input type="checkbox"/> Bank <input type="checkbox"/> Savings & Loan <input type="checkbox"/> Other <input type="checkbox"/> Credit Union	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Fixed Amount \$ _____ Or Percentage _____	Routing Number	Account Number

DIRECT DEPOSIT THREE

Financial Institution Name _____	Type of Institution <input type="checkbox"/> Bank <input type="checkbox"/> Savings & Loan <input type="checkbox"/> Other <input type="checkbox"/> Credit Union	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Fixed Amount \$ _____ Or Percentage _____	Routing Number	Account Number

DIRECT DEPOSIT FOUR

Financial Institution Name _____	Type of Institution <input type="checkbox"/> Bank <input type="checkbox"/> Savings & Loan <input type="checkbox"/> Other <input type="checkbox"/> Credit Union	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Fixed Amount \$ _____ Or Percentage _____	Routing Number	Account Number

A voided check MUST be submitted for each direct deposit request to assure accuracy.

*By signing below I authorize my employer to credit my account with the bank named above. If my employer erroneously deposits funds into my account, I authorize them to initiate the necessary debit entries, not to exceed the total of the original amount credited. **In the event that I change bank accounts and/or banks, it is my responsibility to complete a new authorization form.** This authorization will remain in effect until I submit a change.*

Circle one: LIT Faculty/Staff LIT Student Employee

Does this direct deposit replace an existing one with Lamar Institute of Technology? Yes No

Signature _____ Date _____

Due Date to Payroll Office: 15th of the month