



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Note: If you are adding more than one account, list the account you want the remainder of your paycheck to be deposited in last and enter 100% for the percentage.

Name	T#/SSN
Department	Telephone

DIRECT DEPOSIT ONE

Financial Institution Name _____	Type of Institution Bank Savings & Loan Other Credit Union	Type of Account Checking Savings
Fixed Amount \$ _____ Or Percentage _____	Routing Number	Account Number

DIRECT DEPOSIT TWO

Financial Institution Name _____	Type of Institution Bank Savings & Loan Other Credit Union	Type of Account Checking Savings
Fixed Amount \$ _____ Or Percentage _____	Routing Number	Account Number

DIRECT DEPOSIT THREE

Financial Institution Name _____	Type of Institution Bank Savings & Loan Other Credit Union	Type of Account Checking Savings
Fixed Amount \$ _____ Or Percentage _____	Routing Number	Account Number

DIRECT DEPOSIT FOUR

Financial Institution Name _____	Type of Institution Bank Savings & Loan Other Credit Union	Type of Account Checking Savings
Fixed Amount \$ _____ Or Percentage _____	Routing Number	Account Number

A voided check or Proof of Direct Deposit from Financial Institution 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 _____