LCTCS PAYROLL DIRECT DEPOSIT ENROLLMENT AUTHORIZATION –

Main Bank (Primary Account)

Employee ID:_____ VPDI/Institution Code:_____

Action Type (one): _____ New _____ Change _____ Termination This Option

	PAYROLL CHECK	☐ NON-PAYROLL REIMBURSEMENTS Check box if same as payroll account.
*Account Name: (*Ex: Mr. & Mrs. J. Doe*)		
*Financial Institution:		
*Routing/ABA Number:		
*Account Number:		
*Account Type (*Checking or Savings*)		
*Account Verification	Signature from Institution: _____ Phone Number: _____	Signature from Institution: _____ Phone Number: _____

*Account verification or completion of enrollment form by financial institution is required to assure the accuracy of account data if no voided check or other documentation is provided.

I, _____, authorize and request the Louisiana Community & Technical College to initiate electronic deposits (payroll and non-payroll) to the account(s) at the financial institution I have designated above.

For any funds paid to me which are not due and owing to me, through a pre-note paper check or through direct deposit, I hereby agree and authorize my appointing authority (employer) to adjust the amount next due to me to correct the overpayment, or to recover amount overpaid by reducing my future payroll checks and/or non-payroll reimbursements so that the overpayment will be repaid or recouped within a reasonable number of months (not to exceed 12 months). In the event such electronic transactions are unsuccessful, LCTCS will notify me of the amount to be returned).

It is my responsibility to notify Human Resources, as appropriate, should any changes occur to the account(s) specified. Considering all above conditions are met, this authorization remains in full effect until a written, signed notification to terminate, or another signed form (LCTCSPR20) indicating termination of this option is received from me and the LCTCS payroll department has had reasonable opportunity to act on the termination.

_____ _____ _____

Signature Date Phone where you can be reached between 8:00 a.m. and 5:00 p.m.

*Institution requirements may vary. Contact your human resources representative if you have any questions.

____ CHECK HERE IF SECONDARY ACCOUNT FORMS ARE ATTACHED.