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

I authorize Lamar to credit my account with the depository named below. If Lamar 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.

DIRECT DEPOSIT ONE- 960

Financial Institution Name	☐ Bank ☐ Savings and Loan ☐ Credit Union ☐ Other		Transit/ABA Number
City State Zip Code	☐ Checking ☐ Saving	Amount $ _____ % _____	Account Number
Travel Reimbursement Yes No			

DIRECT DEPOSIT TWO - 961

Financial Institution Name	☐ Bank ☐ Savings and Loan ☐ Credit Union ☐ Other		Transit/ABA Number
City State Zip Code	☐ Checking ☐ Saving	Amount $ _____ % _____	Account Number
Travel Reimbursement Yes No			

DIRECT DEPOSIT THREE - 962

Financial Institution Name	☐ Bank ☐ Savings and Loan ☐ Credit Union ☐ Other		Transit/ABA Number
City State Zip Code	☐ Checking ☐ Saving	Amount $ _____ % _____	Account Number
Travel Reimbursement Yes No			

DIRECT DEPOSIT FOUR - 970

Financial Institution Name	☐ Bank ☐ Savings and Loan ☐ Credit Union ☐ Other		Transit/ABA Number
City State Zip Code	☐ Checking ☐ Saving	Amount $ _____ % _____	Account Number
Travel Reimbursement Yes No			

It is understood that this form must be received in the Human Resources Office by the **15th** of the month. In the event that I change bank accounts and/or banks, a new authorization form will be submitted. This authorization will remain in effect until you provide written notification to cancel.

Employee Name ☐ Faculty/Staff ☐ Student	Employee ID:
Employee Signature	Department
Bank Representative Signature	Date

A voided check or deposit slip MUST be submitted for each code to assure accuracy. If you cannot furnish a voided check or deposit slip, please have your bank complete the appropriate section or sections and then return the completed form to Human Resources.

Revised 5/2010