

PANOLA COLLEGE EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

I hereby authorize Panola College, or its legal representatives, to deposit to the account(s) listed below the amount of my "net pay" from any payroll as if this amount had been hand-delivered to me. I also authorize the financial institutions listed below to credit the same "net pay" to such account(s) as I have listed. Should an "overdeposit" be made, I authorize the financial institution to debit such account(s) and return such overage to the College.

NET PAY (or balance after alternate deposit elections)

Financial Institution: _____

FIXED AMOUNT TO ALTERNATE ACCOUNT

\$ _____ per pay period

Financial Institution: _____

\$ _____ per pay period

Financial Institution: _____

PERCENT OF NET TO ALTERNATE ACCOUNT

_____ % per pay period

Financial Institution: _____

_____ % per pay period

Financial Institution: _____

This authority is to remain in full effect until Panola College has received written notification from me of its termination is such time and manner as to afford the College and the Financial Institution a reasonable opportunity to act on it. Termination of employment voids this agreement.

NAME: _____ SSN: _____

SIGNATURE: _____ DATE: _____

PAYROLL DEPARTMENT USE ONLY

EFFECTIVE DATE	AMOUNT OR PERCENTAGE	BANK TRANSIT NUMBER	EMPLOYEE ACCOUNT NUMBER	CHECKING OR SAVINGS