

**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	<input type="checkbox"/> Bank <input type="checkbox"/> Savings and Loan <input type="checkbox"/> Credit Union <input type="checkbox"/> Other	Transit/ABA Number
City                      State                      Zip Code	<input type="checkbox"/> Checking <input type="checkbox"/> Saving	Amount \$ _____ % _____
Travel Reimbursement    Yes                      No		Account Number

**DIRECT DEPOSIT TWO - 961**

Financial Institution Name	<input type="checkbox"/> Bank <input type="checkbox"/> Savings and Loan <input type="checkbox"/> Credit Union <input type="checkbox"/> Other	Transit/ABA Number
City                      State                      Zip	<input type="checkbox"/> Checking <input type="checkbox"/> Saving	Amount \$ _____ % _____
Travel Reimbursement    Yes                      No		Account Number

**DIRECT DEPOSIT THREE - 962**

Financial Institution Name	<input type="checkbox"/> Bank <input type="checkbox"/> Savings and Loan <input type="checkbox"/> Credit Union <input type="checkbox"/> Other	Transit/ABA Number
City                      State                      Zip	<input type="checkbox"/> Checking <input type="checkbox"/> Saving	Amount \$ _____ % _____
Travel Reimbursement    Yes                      No		Account Number

**DIRECT DEPOSIT FOUR - 970**

Financial Institution Name	<input type="checkbox"/> Bank <input type="checkbox"/> Savings and Loan <input type="checkbox"/> Credit Union <input type="checkbox"/> Other	Transit/ABA Number
City                      State                      Zip	<input type="checkbox"/> Checking <input type="checkbox"/> Saving	Amount \$ _____ % _____
Travel Reimbursement    Yes                      No		Account Number

It is understood that this form must be received in the Human Resources Office by the **15<sup>th</sup>** 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 <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> 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