



OFFICE OF FINANCE & OPERATIONS  
**LAMAR UNIVERSITY**™

To: All Employees

Subject: Direct Deposit Authorization Form

The Authorization Agreement for Direct Deposit must be filled in clearly. Your Banner I.D. number is preferred on the form, but your Social security number is also acceptable. Include a phone number where you can be reached or where a message can be left for you in case a question arises.

Designate '100%' in the Direct Deposit One's 'Percentage' field to have your entire paycheck to go just one bank account. To have your pay distributed among multiple bank accounts, designate '100%' on the last Direct Deposit (two, three, or four) for accurate distribution.

A voided check or a printout from your banking institution, with both the routing number and the account number, must be submitted for **each** direct deposit request. **A deposit slip or a temporary check which does not have the employee's name printed by the institution is not acceptable backup for this authorization form.** The Payroll office will not process any request without the proper back up.

Deliver in person to Plummer Administration building, room 106, or mail the form with proper back up to P. O. Box 10071, Beaumont, TX 77710. Contact the Payroll office at 880-8000 if you have any questions.

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

**\*\*PLEASE PRINT\*\***

Name	Banner I.D. No./Social Security No.
Department	Telephone

**A voided check, or a printout from your banking institution, MUST be submitted for each direct deposit request to assure accuracy.**

**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

*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:    LU Faculty/Staff      LU Student Employee

Does this direct deposit replace an existing one with Lamar University (circle one)?    Yes    No

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Due Date to Payroll Office: 15<sup>th</sup> of the month**