LAMAR UNIVERSITY



To: All Employees

Subject: Direct Deposit Authorization Form

The Authorization Agreement for Direct Deposit must be filled in clearly. We prefer that you put your Banner I.D. number on the form but your Social security number is also acceptable for this authorization form. Please put the phone number where you can be reached or where we could leave a message for you in case a question arises.

‘100%’ should be in the Direct Deposit One’s ‘Percentage’ field if you would like to have your entire paycheck to go just one bank account, otherwise, ‘100%’ should be on the last Direct Deposit (two, three, or four) if you would like to have your pay sent to multiple bank accounts.

A voided check or a bank verification letter with your name, the bank routing number, and your account number must be submitted for **each** direct deposit request. A deposit slip is **not** an acceptable back up for this authorization form. Please be informed that the Payroll office will not process any request without the proper backup(s).

Please contact the Payroll office at 880-8000 if you have any questions. The Payroll office is located at Plummer Administration building, room 106, if you want to bring this authorization in person or you could mail the form with proper backups to P. O. Box 10071.

Thank you very much.

**LAMAR UNIVERSITY **

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

|  |
| --- |
| ***\*\*PLEASE PRINT\*\**** |
| Name  | Banner I.D. No./Social Security No. |
| Department  | Telephone |

# DIRECT DEPOSIT ONE

|  |  |  |
| --- | --- | --- |
| Financial Institution Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Type of Institution Bank  Savings & Loan Other  Credit Union | Type of AccountChecking Savings |
| Fixed Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OrPercentage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 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 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OrPercentage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 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 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OrPercentage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 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 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OrPercentage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Routing Number | Account Number |

A proper backup, such as a void check or a bank verification letter, MUST be submitted for each direct deposit request to assure accuracy.

*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: 15th of the month