



DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE INFORMATION *(To be completed by Employee)*

Name of Employee (Printed: Last, First, Middle Initial)	Employee ID
Address	Telephone Number

- New** Hire Date: _____
 Change Replaces any previous Authorization Agreement

FINANCIAL INSTITUTION INFORMATION

NOTE: Please provide a personalized check marked "VOID," a pre-printed deposit slip with your account number, or savings/checking account card.

Financial Institution	Routing Number	Account Number	Check One	Amount
1.			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Net Amount
2.			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
3.			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Please notify the HR Office before closing any accounts listed above at least 10 days before payday. If funds are rejected for an invalid or closed account, replacement checks cannot be processed until 5 to 10 business days after payday.

I hereby authorize Texas Southmost College (TSC) District (THE COMPANY) to initiate entries to my checking/savings account(s) at the financial institution listed above (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until THE COMPANY is notified in writing by me to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Employee Signature:	Date:
---------------------	-------

The College District prohibits discrimination, including harassment against any employee on the basis of race, color, religion, gender, national origin, age, disability or any other basis prohibited by law.