**BATON ROUGE COMMUNITY COLLEGE Direct Deposit Enrollment Authorization – (Secondary Account)**

**Employee Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Employee Banner ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Action Type** (*select one*): ⁭ New Account ⁭ Change Account ⁭ Terminate this Account

**SECONDARY ACCOUNT INFORMATION DEPOSIT TO THIS ACCOUNT WILL BE EQUAL TO THE DOLLAR AMOUNT SPECIFIED BELOW, OR THE PERCENTAGE OF NET PAY SPECIFIED BELOW [A separate form is required for EACH allocation]**

|  |  |
| --- | --- |
| FINANCIAL INSTITUTION NAME | FINANCIAL INSTITUTION ROUTING (ABA) NUMBER |
| BANK ACCOUNT NUMBER | ACCOUNT NAME (*Example: Mr. and Mrs. John Doe, John or Jane Doe, John Doe*) |
| ACCOUNT TYPE (one)  ⁭ Checking (provide voided check or account verification from bank)  ⁭ Savings (obtain account # and ABA # from financial institution) | \*Account verification or completion of enrollment form by financial institution will assure the accuracy of account data:  Signature from institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PERCENT OF NET PAY TO THIS ACCT: \_\_\_\_\_\_\_% | **OR** FIXED DOLLAR AMOUNT TO THIS ACCOUNT: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize and request the Louisiana Community & Technical College Centralized Payroll to direct my net pay check to the account at the financial institution I designated above.

For any funds paid to me which are not due and owing to me, through a pre-note paper check or through direct deposit, I hereby agree and authorize my appointing authority (employer) to adjust the amount next due to me to correct the overpayment, or to recover amount overpaid by reducing my future payroll checks so that the overpayment will be repaid or recouped within a reasonable timeframe [not to exceed 12 months].

It is my responsibility to notify BRCC Payroll, as appropriate, should any changes occur to account specified. Considering all above conditions are met, this authorization remains in full effect until a written, signed notification to terminate is received from me, and BRCC Payroll has had reasonable opportunity to act on the termination.

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Signature Date Phone where you can be reached

between 8am - 5pm M-F

**⁭ CHECK HERE IF ADDITIONAL ACCOUNT FORMS ARE ATTACHED.**