



BATON ROUGE COMMUNITY COLLEGE
Direct Deposit Enrollment Authorization

Employee Name: _____ Employee Banner ID: _____

Action Type (select one): [] New Account [] Change Account [] Terminate this Account

PRIMARY ACCOUNT INFORMATION - MAIN BANK
DEPOSIT AMOUNT TO THIS ACCOUNT WILL BE EQUAL TO NET PAY LESS ANY DEPOSITS TO SECONDARY ACCOUNTS

Table with 2 columns: FINANCIAL INSTITUTION NAME, FINANCIAL INSTITUTION ROUTING (ABA) NUMBER, BANK ACCOUNT NUMBER, ACCOUNT NAME, ACCOUNT TYPE (one), and fields for signature and contact number.

I, _____, authorize and request the Louisiana Community & Technical College Centralized Payroll to direct my net paycheck 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.

Employee's Signature

Date

For Account Verification,
Attached Voided Check.
USE TAPE - DO NOT USE STAPLES

Payroll Use Only
Entry Date: _____
Entered By: _____
Reviewed By: _____