

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

Employee Name:	Employee Banner ID:	
Action Type (select one): ☐ New A	ccount   Change Account	☐ Terminate this Account
DEPOSIT TO THIS ACCOUNT WILL BE EQUAL TO TH	RY ACCOUNT INFORMAT HE DOLLAR AMOUNT SPECIFIED B [A separate form is required for EACI	ELOW, OR THE PERCENTAGE OF NET PAY
FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION ROU	TING (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)	institution will assure the acc Signature from institution:	pletion of enrollment form by financial uracy of account data:
PERCENT OF NET PAY TO THIS ACCT:%	<b>OR</b> FIXED DOLLAR AMOUNT T	O THIS ACCOUNT: \$
I,College Centralized Payroll to direct my net pay of For any funds paid to me which are not due and I hereby agree and authorize my appointing authoverpayment, or to recover amount overpaid by repaid or recouped within a reasonable timefrantist is my responsibility to notify BRCC Payroll, as a all above conditions are met, this authorization received from me, and BRCC Payroll has had reasonable time.	owing to me, through a pre-no- nority (employer) to adjust the reducing my future payroll change me [not to exceed 12 months]. appropriate, should any change remains in full effect until a wri	ote paper check or through direct deposit, amount next due to me to correct the ecks so that the overpayment will be es occur to account specified. Considering tten, signed notification to terminate is
Signature  CHECK HERE IE ADDITIONAL ACCOUNT FORM	Date	Phone where you can be reached between 8am - 5pm M-F