LCTCS Centralized Payroll (PeopleSoft)
Direct Deposit Enrollment Authorization – Main Bank (Primary Account)
SOWELA Technical Community College

EMPLID _____ Bus Unit/Location STCC1/ _____

Action Type (one)
/ / NEW / / CHANGE / / TERMINATE THIS OPTION

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

FINANCIAL INSTITUTION NAME	***FINANCIAL INSTITUTION ROUTING (ABA) NUMBER (Bank Key)***
BANK ACCOUNT NUMBER	***ACCOUNT NAME (Ex: Mr. and Mrs. John Doe, John or Jane Doe, John Doe)***
ACCOUNT TYPE (one) (Bank Control Key) / / ****CHECKING*** ***(provide voided check or account verification)*** / / ****SAVINGS*** ***(obtain account # & ABA # from financial institution)***	* Account verification or completion of enrollment form by financial institution will assure the accuracy of account data: Signature from Institution: _____ Phone Number: _____

(Print full name)

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 number of months [not to exceed 12 months].

It is my responsibility to notify Human Resources, 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, or another signed form (LCTCSPR20) indicating termination of this option is received from me and the Louisiana Community & Technical College System Centralized Payroll has had reasonable opportunity to act on the termination.

_____	_____	_____
Signature	Date	Phone where you can be reached between 8:00 a.m. and 4:30p.m.

***Institution requirements may vary. Contact your human resources representative if you have questions.**

/ / CHECK HERE IF SECONDARY ACCOUNT FORMS ARE ATTACHED.