



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

ALVIN COMMUNITY COLLEGE ■ 3110 MUSTANG ROAD ■ ALVIN, TEXAS 77511
281.756.3500 ■ www.alvincollege.edu

Direct Deposit is mandatory at Alvin Community College. If depositing to a savings account, request the Routing/Transit Number from the financial institution; it is not always the same as the number shown on a savings deposit slip. Completed forms may be submitted to the Human Resources Office or the Business Office. Optional: A copy of a voided check (not a deposit slip) for each checking account may be attached.

(PRINT OR TYPE)

EMPLOYEE INFORMATION

NAME: _____ SSN: _____

MAILING ADDRESS: _____
STREET OR PO BOX CITY STATE ZIP

E-MAIL ADDRESS: _____ (E-mail address is required for receipt confirmation)

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

TRANSACTION REQUEST

NEW AUTHORIZATION CHANGE FINANCIAL INSTITUTION / ACCOUNT ADD NEW ACCOUNT INFORMATION

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.

Memo _____

I: 012345678 I: 123456789 0101

Routing/Transit #
(A 9-digit number always between these two marks)

Checking Account #

Check #
Corresponds to the number in the upper right corner of the check; not required for direct deposit

ACCOUNT INFORMATION (Make sure to indicate the type of account, along with the amount to be deposited fi less than your total net paycheck)

ACCOUNT # 1

FINANCIAL INSTITUTION: _____ ACCOUNT TYPE: CHECKING SAVINGS
 CITY / STATE: _____ ROUTING/TRANSIT #: _____
 PHONE: _____ ACCOUNT #: _____
 AMOUNT TO DEPOSIT: \$ _____ or BALANCE OF NET

ACCOUNT # 2

FINANCIAL INSTITUTION: _____ ACCOUNT TYPE: CHECKING SAVINGS
 CITY / STATE: _____ ROUTING/TRANSIT #: _____
 PHONE: _____ ACCOUNT #: _____
 AMOUNT TO DEPOSIT: \$ _____ or BALANCE OF NET

ACCOUNT # 3

FINANCIAL INSTITUTION: _____ ACCOUNT TYPE: CHECKING SAVINGS
 CITY / STATE: _____ ROUTING/TRANSIT #: _____
 PHONE: _____ ACCOUNT #: _____
 AMOUNT TO DEPOSIT: \$ _____ or BALANCE OF NET

AUTHORIZATION / CERTIFICATION

- I authorize Alvin Community College to deposit, via electronic transfer, all payroll payments owed to me by Alvin Community College to the account designated below. I recognize that if I fail to provide complete and accurate information, the processing of the funds may be delayed.
- I authorize Alvin Community College to withdraw from the designated account or deduct from my subsequent salary, if any, all amounts deposited in error. If the designated account is closed or has an insufficient balance to allow the withdrawal, then I authorize Alvin Community College to withhold any payments owed to me until the amounts are repaid.
- I understand that if I have any changes in banking information, I must submit a new Direct Deposit Authorization form.
- In consideration for Alvin Community College making direct deposit through agreement with the current Depository for College funds, the undersigned releases the liability and waives all claims for direct, indirect, and consequential damages resulting from errors and omissions, if any, made by Alvin Community College, its trustees, agents, or employees, or by the current Depository for College funds, as authorized by me. This release of liability does not release Alvin Community College or the current Depository for College funds from any claim for damages resulting from failure of either Alvin Community College or the current Depository for College funds to act in good faith.

I authorize direct deposit of my monthly salary as specified above. AUTHORIZATION DATE: _____