



## Brazosport College Direct Deposit Authorization Form

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I hereby authorize Brazosport College Payroll Office to:

- Start Direct Deposit
- Stop All Direct Deposits

Change my Direct Deposit as follows:

- Change All (A *change all* replaces the direct deposit authorization currently on file. Fill in every line of bank information to show how your check should now be deposited.)
- Add New Account (Existing accounts will remain unchanged.)
- Remove One Account (Other accounts will remain unchanged. Keep in mind you must have one balance account.)

*Send completed form to:  
Brazosport College  
Human Resources  
500 College Dr.  
Lake Jackson, TX 77566*

Note: If you are signing up for direct deposit for the first time or have elected "change all" above, you must complete line number 1 below. Line number 2, 3, and 4 are optional: use these lines to authorize Brazosport College to directly deposit fixed dollar amounts of your pay into additional accounts.

### YOU MUST HAVE ONE BALANCE ACCOUNT

1. Bank Name:	Routing #: _____ 9 digits Account #: _____	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	<p style="text-align: center;"><b>Balance Account</b></p> <div style="border: 1px solid black; padding: 2px; font-size: small;">           Primary direct deposit account – where the balance of your net pay will be deposited after any additional deposits (elected below) are made.         </div>
2. Bank Name:	Routing #: _____ 9 digits Account #: _____	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	Fixed amount: \$ _____ Or <div style="border: 1px solid black; padding: 2px; font-size: x-small;">Part-time employees must choose "Percent."</div> Percent: _____%
3. Bank Name:	Routing #: _____ 9 digits Account #: _____	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	Fixed amount: \$ _____ Or <div style="border: 1px solid black; padding: 2px; font-size: x-small;">Part-time employees must choose "Percent."</div> Percent: _____%
4. Bank Name:	Routing #: _____ 9 digits Account #: _____	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	Fixed amount: \$ _____ Or <div style="border: 1px solid black; padding: 2px; font-size: x-small;">Part-time employees must choose "Percent."</div> Percent: _____%

I authorize Brazosport College to deposit my net pay via direct deposit to my account(s) as indicated above. If funds to which I am not entitled are deposited to my account(s), I authorize the College to direct the financial institution(s) to return said funds.

I understand that it is my responsibility to verify that payments have been credited to my account(s) and that the College assumes no liability for overdrafts for any reason. I understand that, in the event that my financial institution(s) is/are not able to deposit any electronic transfer into my account due to any action I take, the College cannot issue the funds to me until the funds are returned to the College by financial institution(s).

I understand this authorization will override any previous authorization and will remain in effect until revoked by my written request. I understand that I must immediately notify Human Resources before I close any/all account(s) listed above while this authorization is in effect.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_