



# 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. Complete this form and attach a voided check for each checking account – not a deposit slip. 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.

(PRINT OR TYPE)

## EMPLOYEE INFORMATION

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
STREET OR PO BOX CITY STATE ZIP

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 \_\_\_\_\_

⑆ 012345678 ⑆ 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 if 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.

EMPLOYEE SIGNATURE \_\_\_\_\_

AUTHORIZATION DATE \_\_\_\_\_