

CENTRAL TEXAS COLLEGE

Direct Deposit of Payroll

Authorization Agreement for Automatic Deposit

I authorize Central Texas College and the financial institution listed below to electronically deposit my net pay each applicable pay period to the account specified below.

Financial Institution Name _____

Branch _____

City, State and Zip Code _____

Bank Transit/ABA Number _____

Account Number _____

Account Type Checking Savings

If monies to which I am not entitled are deposited to my account, I authorize Central Texas College to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization or until revoked by me in writing in such time and manner as to afford Central Texas College and the financial institution a reasonable opportunity to act on it.

Printed Name _____ PEID Number _____

Date _____ Signature _____

Please attach a voided deposit slip or check for account verification.

(Revised May 2007)