

# PANOLA COLLEGE EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

I hereby authorize Panola College, or its legal representatives, to deposit to the account(s) listed below the amount of my “net pay” from any payroll as if this amount had been hand-delivered to me. I also authorize the financial institutions listed below to credit the same “net pay” to such account(s) as I have listed. Should an “overdeposit” be made, I authorize the financial institution to debit such account(s) and return such overage to the College.

**Financial Institution:** \_\_\_\_\_

ATTACH VOIDED CHECK IN THIS AREA

This authority is to remain in full effect until Panola College has received written notification from me of its termination in such time and manner as to afford the College and the Financial Institution a reasonable opportunity to act on it. Termination of employment voids this agreement.

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### PAYROLL DEPARTMENT USE ONLY

EFFECTIVE DATE	AMOUNT OR PERCENTAGE	BANK TRANSIT NUMBER	EMPLOYEE ACCOUNT NUMBER	CHECKING OR SAVINGS