

SOUTH TEXAS COLLEGE

AUTHORIZATION FOR PAYROLL DIRECT DEPOSIT

Monthly Paid Employee

Semi-Monthly Paid Employee

Student

Please check all that apply:

| | | |
|---|---|--|
| NEW DIRECT DEPOSIT <input type="checkbox"/> | CANCELLATION <input type="checkbox"/> Existing Checking Account <input type="checkbox"/> Existing Savings Account <input type="checkbox"/> Existing STC JagCard - Payroll deposits only | REVISION <input type="checkbox"/> Change Account # <input type="checkbox"/> Change Account Type |
|---|---|--|

*To cancel other deposits (ex. Financial Aid), contact the Business Office

EMPLOYEE INFORMATION: *(Must be completed by the employee)*

Name: _____ Empl. I.D.: _____
Address: _____ Telephone #: _____
City: _____ State: _____ Zip Code: _____

ACCOUNT INFORMATION:

Checking Account

_____ % of Net to be deposited

OR

\$ _____ Amount to be deposited

Savings Account

_____ % of Net to be deposited

OR

\$ _____ Amount to be deposited

I authorize South Texas College and the financial institution named below to deposit by automated clearing house (ACH) transfer payroll payments owed to me by STC and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. If the designated account is closed or has an insufficient balance to allow the withdrawal, then I authorize STC to withhold any payments owed to me by STC until the erroneously deposited amounts are repaid. I consent to and agree to comply with the rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.

Employee Signature: _____

Date: _____

FINANCIAL INSTITUTION *(Must be completed by financial institution representative)*

Name of Bank: _____ Routing #: _____
Address: _____ Telephone #: _____
City: _____ State: _____ Zip Code: _____

ACCOUNT INFORMATION:

CHECKING ACCOUNT #: _____

SAVINGS ACCOUNT #: _____

Representative Signature: _____

Date: _____

PAYROLL DIRECT DEPOSIT INFORMATION

1. It is the employees responsibility to verify all information provided by the financial institution is correct.
2. Payroll deposits will be made on payday. Earnings statements will be mailed to employees by payday.
3. New direct deposits will begin two pay periods following the date the agreement is received at the Office of Human Resources. A pre-note is required before a live dollar transaction is made. Any changes in Financial Institution will be processed as a new direct deposit.
4. Direct deposit for checking and/or savings may be established with two different institutions and/or accounts. If more than one institution is selected, an authorized agreement is required for each institution.
5. A change to account numbers or deposit amounts are to be submitted to the Office of Human Resources by the 5th day of the month to take effect that month.
6. The direct payroll deposit will remain in full force and effect until the employee notifies South Texas College by competing and signing an agreement to cancel it in such time to afford South Texas College and the financial institution a reasonable opportunity to act on it.
7. Joint account holders need to be advised that in the event of death of an employee, any funds deposited after the death of the employee will be recovered by South Texas College. The college will prepare payment payable to the estate of the employee.

Return the original signed form to the Office of Human Resources.

If you have any questions please call 956-872-3730.