

SAN JACINTO COLLEGE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

This form WILL NOT be processed unless all information is completely filled in.

EACH NEW FORM SUBMITTED REPLACES THE PREVIOUS FORM.
All information should be on each new form.

ID Verified Signature _____
Printed Name _____
Date Received _____ (Business office use only)

EMPLOYEE NAME <i>Please print neatly</i>	EMPLOYEE ID NUMBER	Campus / Department	Full Time / Part Time

Bank/Credit Union Name	City/State	ABA Routing Number (9 digits)	Account Number(cannot be debit card #)	Checking or Savings	Amount / Net check
				Chk <input type="checkbox"/> Sav <input type="checkbox"/>	
				Chk <input type="checkbox"/> Sav <input type="checkbox"/>	
				Chk <input type="checkbox"/> Sav <input type="checkbox"/>	
				Chk <input type="checkbox"/> Sav <input type="checkbox"/>	

BY SIGNING THIS AGREEMENT, YOU AUTHORIZE SAN JACINTO COLLEGE TO:

Initiate **credit** entries and, **if necessary, debit** entries and **adjustments** for any credit entries in error to my account as indicated. This authority is to remain in full force and effect until The San Jacinto College District has received written notification from me of its termination in such time and in such manner as to afford The San Jacinto College District a reasonable opportunity to act on it. In consideration for the San Jacinto College District's making direct deposit through an agreement with our current bank, the undersigned releases the liability, and waives all claims for direct, indirect, and consequential damages resulting from errors and omissions, if any, made by the San Jacinto College District, its trustees, agents, or employees, or by their current bank as authorized by me. This release of liability does not release the San Jacinto College District or their current bank from any claim for any damages resulting from failure of either the San Jacinto College District or their current bank to act in good faith.

SJC Phone # / ext. _____ Cell # _____

Signature _____ Date _____

Form **must** be submitted in person to the campus business office or the district payroll office.

Rev. Aug 2018

Sign here to discontinue direct deposit _____ Date _____
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