



River Parishes Community College Direct Deposit - Payment Delivery Authorization

Please print or type

Name: _____ Banner ID: _____
(As it appears on W-9/W-4)

Email Address: _____ (required)

I authorize River Parishes Community College (RPCC) to initiate electronic credit entries to the account I have indicated below for all non-payroll related payments due to me.

For any funds paid to me which are not due and owing to me, through direct deposit, I hereby agree and authorize RPCC to initiate compensating electronic transactions to reverse any over or incorrect payments. In the event such electronic transactions are unsuccessful, RPCC will notify me of the amount to be returned.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of Louisiana and U.S. law.

Option 1 (for employees only)

Please deposit my payments using the account information currently on file with centralized payroll.

Option 2

Financial Institution Name _____
Financial Institution Routing (ABA) Number _____
Bank Account Number _____
Account Name _____
Account Type (Check One)
 Checking Savings

How to Revoke or change your Authorization:

This authority will remain in effect until I change or cancel it in writing with RPCC.

Discontinue my direct deposit. (Please update your mailing address below)

Address Line 1 _____
Address Line 2 _____
City, State Postal Code _____

SIGNATURE _____ Date _____
(Signature of Bank Account Authorized Signer)