

Louisiana Delta Community College Direct Deposit - Payment Delivery Authorization

Please print or type

Name: _____
(As it appears on W-9)

Email Address: _____
(For Direct Deposit Advice)

I authorize the Louisiana Delta Community College 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 LDCC to initiate compensating electronic transactions to reverse any over or incorrect payments. In the event such electronic transactions are unsuccessful, LDCC 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.

Financial Institution Name _____

Financial Institution Routing (ABA) Number _____

Bank Account Number _____

Account Name _____

Account Type (Check One)

Checking Savings

Bank Account Change

Update Mailing Address

Address Line 1 _____

Address Line 2 _____

City, State Postal Code _____

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