



Direct Deposit Authorization Form

Check One: Full-time Part-time Student Worker

NAME _____ Blinn ID Number _____
(Please Print)

Division _____ Contact Telephone Number* _____
*(Failure to provide may delay timely salary payment).

NAME OF BANK _____
CITY _____ STATE _____
TRANSIT/ROUTING NO. (See example below) _____
ACCOUNT NUMBER _____
ACCOUNT TYPE _____ Checking _____ Savings (check only one)

New Agreement Account Change

I hereby authorize **Blinn College** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account listed below. This authority is to remain in effect until Blinn College has received written notification from me of its termination in a timely and in a manner that affords Blinn College and Depository a reasonable opportunity to act on it.

Will these payments be forwarded to a financial institution outside the United States?
Yes No

SIGNED _____ **DATE** _____

EXAMPLE:

<i>Jane A. Doe</i>	3680
<i>1000 Main Street</i>	
<i>Anywhere, USA 10001</i>	
PAY TO THE ORDER OF: _____	<input type="text"/>
_____	DOLLARS
MEMO: _____	SIGNATURE: _____
: 123456789 : 11484620040 3680	

| Transit/Routing Number | | Account Number | Do not include Check Number
(1st - 9 numbers)