

LCTCS PAYROLL DIRECT DEPOSIT ENROLLMENT AUTHORIZATION – (Secondary Account)

Employee Name:		Employee ID #		VPDI/Institution Code:	
Action Type (one):	New	Change _	Termination This Option		
DEPOSIT AMOUNT TO THIS A		ONDARY ACCOUNTURED ONLY		– MAIN BANK CIFIED BELOW OR THE PERCENTAGE OF NET PAY SPECIFIED	
FINANCIAL INSTITUTION NAME:		FIN	FINANCIAL INSTITUTION ROUTING (ABA) NUMBER (Bank Key)		
BANK ACCOUNT NUMBER:			ACCOUNT NAME (Ex. Mr. and Mrs. John Doe, John or Jane Doe, etc.):		
ACCOUNT TYPE (one) (Bank Control Key) *CHECKING (provided voiced check or account verification) *SAVINGS (obtain account # & ABA # from financial institution)		or account ins Sig	*Account verification or completion of enrollment form by financial institution will assure the accuracy of account data: Signature from Institution: Phone Number:		
PERCENT OF NET TO THIS ACCOUNT%			OR FIXED DOLLAR AMOUNT TO THIS ACCOUNT \$		
I,					
the termination.					
Signature	_	Date		Phone where you can be reached between 8:00 a.m. and 5:00 p.m.	
*Institution requirements	may vary. Contact	your human res	ources represe	entative if you have any questions.	

CHECK HERE IF SECONDARY ACCOUNT FORMS ARE ATTACHED.