



**Employee Authorization Agreement
for Automatic Payroll Deposits ACH**

Revised
04/08

Action Type

New

Change

Name (Please Print Last, First, MI)

Entry
Date ____/____/____
by

Shaded areas completed by
Payroll

LSU ID

I hereby authorize Louisiana State University (LSU) to initiate and to make credit entries or debit entries and to make adjustments for any credit entries in error to my account at the indicated financial institution, and I hereby authorize the indicated financial institution to accept and to post such entries to my account. The foregoing authorization is solely for the purpose of facilitating automatic payroll direct deposit. This authorization may be terminated at any time by LSU.

I hereby authorize LSU to provide a copy of this authorization to any institution participating in NACHA and the Southern Financial Exchange only as necessary for purposes of automatic payroll deposit.

I understand that it is my responsibility to verify the crediting of funds by my financial institution prior to writing checks against my account.

Name of Bank _____

City/State/Zip _____

Bank Transit Number _____

Account Number _____ (check one) **Checking Account** **Savings**

Bnk
Cd

I also authorize direct deposit to my account:
(check, if applicable)

travel and other non-salary reimbursements.

TIS refunds.

Employee's Signature

Date ____/____/____

**For account verification,
attach voided check.**

**DO NOT USE STAPLES
(they damage the microfilm equipment)**

Tape this edge

Tape this edge