

UNIVERSITY OF LOUISIANA at Lafayette
DIRECT DEPOSIT AUTHORIZATION FORM

SSN: _____ - _____ - _____

NAME: _____
(PRINT OR TYPE)

I hereby authorize the University of Louisiana at Lafayette to credit my bank account with my net earnings for all payrolls hereafter with the exception of my final paycheck. Upon termination of employment or separation of service, my final paycheck will be a physical check and not direct deposited. I also authorize the UL Lafayette to debit my bank account in the event of an error. I understand that I will be notified of any transaction by UL Lafayette that affects my bank account.

SIGNATURE

DATE