



University of Louisiana at Lafayette Direct Deposit Authorization

ULID or SSN: _____

Name: _____

I hereby authorize the University of Louisiana at Lafayette to direct my net pay to the financial institution that I have designated for all payrolls hereafter with the exception of my final paycheck. If funds to which I am not entitled are deposited in my account, I will return these funds to UL Lafayette. Unearned payments to employees are prohibited by Article 7, Section 14 of the Louisiana State Constitution. It is my responsibility to notify UL Lafayette should any changes occur to the account specified.

Upon termination of employment or separation of service, my final paycheck will be a physical check.

Signature



Date

Pay stubs will be emailed and available on ULink

I do not have access to a computer and wish to receive a paper stub

Please attach a voided check from the account designated. For a savings account, please provide the account number on the financial institution's letterhead