



Employee Authorization Agreement for Automatic Payroll Deposits ACH

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B

Action Type
<input type="checkbox"/> New
<input type="checkbox"/> Change

Name (Please Print Last, First, MI) _____

Social Security Number _____

Type of Employee (check one):

- Academic (9 month)
- Fellowship
- Salary/Academic/GA (12 month)
- Civil Service/Transient (pd biweekly)

Entry Date	____ / ____ / ____
by	_____
For Payroll use only	

I hereby authorize Louisiana State University (LSU) to initiate and to make credit entries or reversing 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. I understand that it is my responsibility to verify the crediting of funds by my financial institution prior to writing checks against my account.

This authorization may be terminated by LSU at any time.

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.

Name of Bank _____

City/State/Zip _____

Bank Transit Number _____

Account Number _____ (check one) Checking Account Savings

Bnk
Cd

For Payroll use only

I also authorize direct deposit to my account: (check, if applicable)
<input type="checkbox"/> travel and other non-salary reimbursements.
<input type="checkbox"/> TIS refunds.

Employee's Signature

Date ____ / ____ / ____

Tape this edge

Tape this edge

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

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