

**AUTHORIZATION FOR AUTOMATIC DEPOSIT  
SOUTHEASTERN LOUISIANA UNIVERSITY**

Name \_\_\_\_\_ Emplid \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Department \_\_\_\_\_ \*\*E-mail account# \_\_\_\_\_

**Payroll Code: Please check one:**

- \_\_\_\_\_ BW (Bi-Weekly Classified/Unclassified Staff)
- \_\_\_\_\_ FAC (Ten Monthly Installments – Faculty)
- \_\_\_\_\_ Part-Time (Part-Time faculty)
- \_\_\_\_\_ GRA (Graduate Assistant)

**DEPOSITORY (BANK, CREDIT UNION, ETC.)**

I hereby authorize Southeastern Louisiana University to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the DEPOSITORY named below to credit and/or debit the same said account.

**Please attach a voided check or savings account ticket** so that we can insure the correct bank routing/transit number and your account number are properly recorded (please do not attach deposit slips). Return this form with those attachments to the payroll Office, Box 10720 or room 105 of North Campus-Building A (Financial Aid). If you have any questions, please call 549-2188 or 549-2305.

Bank Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Checking \_\_\_\_\_ Account Number \_\_\_\_\_

Routing – Transit/ABA Number (Checking Account) \_\_\_\_\_

Savings \_\_\_\_\_ Account Number \_\_\_\_\_

Amount \_\_\_\_\_

Routing – Transit/ABA Number (Savings Account) \_\_\_\_\_

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This authority is to remain in full force and effect until SLU has received written notification from me of its termination and in such manner as to afford SLU and DEPOSITORY a reasonable opportunity to act on it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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For Rehire Only after information is verified with the Employment Section:

Bank information has remained the same as previous semester:

\_\_\_\_\_ Employee Initials \_\_\_\_\_ Date \_\_\_\_\_ Bank Name