



University of Louisiana at Lafayette
Direct Deposit Authorization

8LID R U 6 6 1: _____

Name: _____

I hereby authorize the University of Louisiana DW / DID \ H W W H to pay to the financial institution that I have designated for all payrolls hereafter with the exception of my final paycheck.
, I IXQGV WR ZKLFK , DP QRW HQWLWOHG DUH GHSRVLWHG LQ P \ DFFRXQW
8 / / DID \ H W W H 8 Q H D U Q H G S D \ P H Q W V W R H P S O R \ H H V D U H S U R K L E L W H G E \ S
/ R X L V L D Q D 6 W D W H & R Q V W L W X W L R Q It is my responsibility to notify the University of Louisiana at Lafayette should any changes occur.
Wo the account specified.

Upon termination of employment or separation of service, my final paycheck will be a physical F K H F N

Signature



Date

3 D \ V W X E V Z L O O E H H P D L [REDACTED] D Y D L O D E I O G R Q R W K D Y H D F F H V V W R D F R P S X W H
R Q 8 / L Q N

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