



University of Louisiana at Lafayette
Direct Deposit Authorization

8LID RU 661: _____

Name: _____

I hereby authorize the University of Louisiana DW /DID\H Wt Wt Hnd 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\HWWH 8QH DUQHG SD\PHQVV WR HPSOR\HHV DUH SURKLELWHG E\
/RXLVLDQD 6WDWH & RQVWLWXWLRQ It is my responsibility changes to Lafayette should any
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 _____

3D\ VWXEV ZLOO EH HPDL [Redacted] DYDLODEIOGR QRW KDYH DFFHV V WR D FRPSXWH
RQ 8/LQN

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