



University of Louisiana at Lafayette
Direct Deposit Authorization

8LID RU 661: _____

Name: _____

I hereby authorize the University of Louisiana DW / DID\HWWH 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\HWWH 8QH DUQHG SD\PHQVV WR HPSOR\HHV DUH SURKLELWHG E\
/RXLVLDQD 6WDWH & RQVWLWXWLRQ It is my responsibility to notify the University of Louisiana at 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