

SOUTHEASTERN LOUISIANA UNIVERSITY

AUTHORIZATION FOR AUTOMATIC DEPOSIT

Name _____ W# _____

Home Phone _____ Work Phone _____

Department _____ Email _____

____ Bi-Weekly Classified/Unclassified
____ Graduate Students

____ Faculty (Ten Monthly Installment – Faculty)
____ Student Worker

DEPOSITORY (BANK, CREDIT UNION, ETC.)

Please attach a voided check or savings* account ticket to insure the correct account number is properly recorded (**Please do not attach deposit slips**). **You must also include a legible copy of a valid driver's license or state issued ID.** Deliver this form with the appropriate attachment to the Controller's Office (North Campus Financial Aid Building, Room 105) or mail to SLU 10720, Hammond, LA 70402. **Please allow five (5) business days for direct deposit to become effective.** If you have any questions, please call (985)549-3988 or (985)549-3801 or email dferrara@selu.edu.

Bank Name: _____

Country: _____ City: _____ State: _____

Routing - Transit/ABA Number: _____

Checking Account Number: _____ Amount: _____

Bank Name: _____

Country: _____ City: _____ State: _____

Savings Account Number: _____ Amount: _____

I hereby authorize and request Southeastern Louisiana University to initiate credit entries and, if necessary, debit entries in accordance with National Automated Clearing House Association (NACHA) rules reversing a credit entry made in error, to my account at the financial institution named. The electronic payment is to remain into effect until withdrawn by **written notification** from me of its termination and in such manner as to afford Southeastern and DEPOSITORY a reasonable opportunity, normally five (5) business days, to act on it.

Yes No – Please check the appropriate box to indicate if payments deposited to the above referenced U.S. Financial Institution are being directed to an account outside the United States.

Signature below signifies the acceptance of the above terms and conditions:

Signature _____ Date _____

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

Bank information has remained the same as previous semester:

Employee Initials: _____ Date: _____ Bank Name: _____