

Louisiana State University Office of Accounting Services Payroll 204 Thomas Boyd Hall

| AUTHORIZAT                                  | ION AGREEMENT  | FOR DIRECT DEP   | OSITS  | AS35   |
|---|--|--|--|--|
| Employee                                    |  |  |  |  |
| Employee                                    |  | First  |  | <br>   |
| Action                                      | Change   | I CLUD   |  |  |
| Action                                      | ☐ Change   | LSUID<br>89-XXX-XXX                                    | X  |  |
| credit entries in error to accept and to po | or to my account at the income | dicated financial institution count. I understand that | n(s), and I hereby authorize the                                   | I to make adjustments for any<br>e indicated financial institution<br>y the crediting of funds by my<br>rminated by LSU at any time. |
|   |  |  | counts. If only one bank acco<br>other direct deposit instructions |  |
|   |  |  |  | Contact your bank to confirm will result in your pay being   |
| Bank Name- Acct 1                           |  |  |  | Balance  |
| Bank Transit #                              |  | Account #  |  |  |
| Account Type                                | ☐ Checking   | ☐ Savings  |  |  |
|   |  |  |  | •<br>  |
| Bank Name- Acct 2                           |  |  |  | Amount   |
| Bank Transit #                              |  | Account #  |  |  |
| Account Type                                | ☐ Checking   | ☐ Savings  |  |  |
| Bank Name- Acct 3                           |  |  |  | Amount   |
| Bank Transit #                              |  | Account #  |  | Amount   |
| Account Type                                | ☐ Checking   | ☐ Savings  |  |  |
|   |  |  |  |  |
| Bank Name- Acct 4                           |  |  |  | Amount   |
| Bank Transit #                              |  | Account #  |  |  |
| Account Type                                | ☐ Checking   | ☐ Savings  |  |  |
| Signature                                   |  |  |  | e  |
| 3 3 444                                     | *Please submit form  | to the LSU Payroll office                              | at 204 Thomas Boyd Hall.   |  |
|   |  | FOR ACCOUNTING SEF                                     | RVICES USE ONLY  |  |
| Processed by                                |  |  | Date   |  |
| - 7 -                                       |  |  |  |  |