

# 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 / Student Refund

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)549-2188 or (985)549-3988 or email [dferrara@selu.edu](mailto: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: \_\_\_\_\_

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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 The electronic payment is to remain into effect until withdrawn by **written notification** from me of its termination and in such manner as to afford Southeastern and DEPOSITORY a reasonable opportunity, normally five (5)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: \_\_\_\_\_