



UNIVERSITY OF LOUISIANA AT LAFAYETTE
DIRECT DEPOSIT AUTHORIZATION FORM

ULID [Click here to enter text.](#)

Name: [Click here to enter text.](#)

[Click here to enter text.](#)

I authorize the University of Louisiana at Lafayette (ULL) to electronically deposit any vendor and/or employee reimbursement payments directly into my checking account or savings account as specified. ULL is also authorized to adjust any over/under deposit it has made to my account in error. I understand the deposits/adjustments will be made electronically by Automated Clearing House Network (ACH) transactions and must allow the Federal Reserve two workdays from the disbursement date to have the funds available to my financial institution. I also understand the following: (1) It is my responsibility to provide correct routing and account information for ACH transmissions by attaching a voided check or a financial institution letter showing the account number and routing number. (2) I will immediately notify ULL Administrative Services Department if my banking information changes. (3) I must submit a new authorization form to change my direct deposit. (4) I can stop my direct deposit by notifying ULL Administrative Services Department.

By signing below I signify that I have read and agree to all of the conditions listed above.

Authorized Signature Title Date

____ I authorize ULL to use the same account number on file as my payroll (you do not have to attach banking information).

____ I wish to have my expense checks deposited into a different account. I have included a voided check or letter from my financial institution with the bank name, routing number and account number.