OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER
PAYROLL DEPARTMENT
5000 HENNESSY BOULEVARD
BATON ROUGE, LOUISIANA 70808

Employee Authorization Agreement for Automatic Payroll Deposits to Campus Federal Credit Union

Employee Name:_____ SSN:_____

Lawson ID Number:_____

Department:_____ Daytime Phone #_(_____)_____-_____

Select One: ☐ Start ☐ Change ☐ Stop Effective Date: _____

Authorized Amount: From $___ _____ To $__ _____

I hereby authorize Our Lady of the Lake Regional Medical Center to initiate and to make credit entries or debit entries and to make adjustments for any credit entries in error to my account at Campus Federal Credit Union, and I hereby authorize Campus Federal Credit Union to accept and to post such entries to my account.

This authorization is effective until I cancel my authorization, by delivering written notice of cancellation to the Our Lady of the Lake Regional Medical Center Payroll Department, 5000 Hennessy Boulevard, Baton Rouge, LA 70808, with sufficient time to afford Our Lady of the Lake Regional Medical Center a reasonable opportunity to take the requested action. This authorization may be terminated at any time by Our Lady of the Lake Regional Medical Center.

_____ _____
Date Employee's Signature

I HEREBY AUTHORIZE CAMPUS FEDERAL CREDIT UNION TO DISTRIBUTE THE AUTHORIZED AMOUNT AS FOLLOWS:

AMOUNT	MEMBER NUMBER	SHARE TYPE OR LOAN NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ **TOTAL**

Please fax form to 225-529-3204.

_____ _____
Processor Printing Form "Date Processed (C.U. use only)"

CFCU: Rev. 03/23

Submit