LSUHealthNewOrleans

DIRECT DEPOSIT AUTHORIZATION FORM

For Payroll and Employee Travel Expense Reimbursements

Submit this form to: **Payroll Department 433 Bolivar Street, Room 611**
Tel (504) 568-8460 Fax (504) 568-2366

Employee Name:_____

Employees Last 4 digits SSN:_____ Employee ID:_____

Department:_____ Work Phone Number:_____

Bank Name:____Campus Federal Credit Union_____

Bank Routing Number:____265473401_____ (Nine Digit Number)

☐ Checking Account #_____ Deposit Amount:_____
(Net Pay or an Amount)

☐ Savings Account #_____ Deposit Amount:_____
(Net Pay or an Amount)

IMPORTANT (Please Attach a Copy of Voided Check)
A separate form must be completed and a voided check attached for each account where funds are to be deposited.

I hereby authorize LSU Health New Orleans to initiate credit entries or if necessary debit entries and adjustments for any credit entry made in error to my account at the indicated financial institution, and I hereby authorize the indicated institution to accept and post such entries to my account.

Direct deposits will be made to the accounts listed above. The primary account will also be used for direct deposits of employee travel expense reimbursements. I understand that I will be notified by e-mail to my official University e-mail address for any employee expense reimbursements made to my primar account.

This authorization may be terminated by LSU Health New Orleans at any time.

You will receive paper checks until your direct deposit accounts become active, which may take two or more pay periods. Please note that this banking procedure is a courtesy extended by LSU Health New Orleans and does not guarantee the banks posting of the deposit by any given date.

Employee Signature_____ Date_____