



P.O. Box 98036, Baton Rouge, LA 70898-9036

888.769.8841

www.campusfederal.org

Fax Number: 225.819.0733

### DIRECT DEPOSIT

Please complete the form below. After printing the form please sign then either fax, mail, or bring into any of our locations.

Attention: \_\_\_\_\_ Today's Date: \_\_\_\_\_

NEW

CHANGE

CANCEL

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I hereby authorize Louisiana State University (LSU) to initiate and to make credit entries or debit entries and to make adjustments for any credit entries in error to my account at the indicated financial institution, and I hereby authorize the indicated financial institution to accept and to post such entries to my account.

This authorization is effective until I cancel my direct deposit, by delivering written notice of cancellation to the LSU Office of Accounting Services, Payroll Division, 204 Thomas Boyd Hall, with sufficient time to afford LSU and the financial institution a reasonable opportunity to take the requested action. This authorization may be terminated at any time by LSU.

I hereby authorize LSU to provide a copy of this authorization to any institution participating in NACHA and the Southern Financial Exchange.

Financial Institution: Campus Federal

City: Baton Rouge State: Louisiana Zip: 70893

Routing Number: 265473401

Account Number: \_\_\_\_\_ Check One:  Checking Account  Savings Account

\_\_\_\_\_  
Employee's Signature Date

<u>Type of Employee</u> (Check One)	(LSU Only)
<input type="checkbox"/> Academic (9 month)	
<input type="checkbox"/> Salary/Academic/GA (12 months)	
<input type="checkbox"/> Civil Service or Transient (paid biweekly)	
Entry Date: _____	
By: _____	

For account verification, attach voided check.

DO NOT USE STAPLES