

UNIVERSITY OF NEW ORLEANS
PAYROLL DIRECT DEPOSIT AUTHORIZATION

I authorize the University of New Orleans to forward my net payroll earnings to the financial institution and account number shown below. Should I change financial institutions or account numbers, a new authorization form must be completed. Authorization form canceling direct deposit should be completed on accounts that are closed.

I hereby authorize the University of New Orleans to initiate credit entries (deposits) and to initiate, if necessary, debit entries (corrections and/or adjustments) for any credit entries posted in error to my checking and/or savings account as indicated below. I authorize the financial institution stipulated below to credit and/or debit all such amounts to my account indicated below.

This authority is to remain in force until the University of New Orleans has received written notification from me and has had reasonable time to process any requested change.

NAME: _____
(Please print clearly and sign below)

Last 4 digits of your SSN

EMPID# _____ **DEPT:** _____ **Ext** _____

EMP TYPE: ☐ Academic ☐ Fiscal ☐ Biweekly ☐ Wage ☐ Student ☐ Charter School

Action: ☐ add account ☐ cancel account ☐ change amount/percentage

Type of Account: (Priority 500) Checking ☐ (Priority 500) Savings ☐

Transit Routing Number

Financial Institution Account Number

% or \$ amt.

Financial Institution: _____ City: _____

Action: ☐ add account ☐ cancel account ☐ change amount/percentage

Type of Account: (Priority 501) Checking ☐ (Priority 501) Savings ☐

Transit Routing Number

Financial Institution Account Number

% or \$ amt.

Financial Institution: _____ City: _____

EMPLOYEE'S SIGNATURE _____ **DATE:** _____

Please return this printed form (with original signature and date) to the
University of New Orleans Payroll Office...Room 216...Administration Building

FOR ACCOUNT VERIFICATION
PLEASE ATTACH A
VOIDED CHECK