

LOYOLA MARYMOUNT UNIVERSITY AUTOMATIC PAYROLL DEPOSIT AUTHORIZATION

DIRECT DEPOSIT INFORMATION

REVISED

NEW ENROLLMENT

Bank Name	Routing Number	Account Number	Deposit To: <small>(Check one)</small>	Deposit: <small>(Check one)</small>
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Net Earnings <input type="checkbox"/> Partial Amt:\$_____
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Net Earnings <input type="checkbox"/> Partial Amt:\$_____
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Net Earnings <input type="checkbox"/> Partial Amt:\$_____
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Net Earnings <input type="checkbox"/> Partial Amt:\$_____
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Net Earnings <input type="checkbox"/> Partial Amt:\$_____

CANCELLATION INFORMATION

Bank Name	Routing Number	Account Number	Checking or Savings? <small>(Check one)</small>	Cancel <small>(Check Box)</small>
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/>
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/>
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/>

I hereby authorize Loyola Marymount University to initiate credit entries, if necessary, debit entries and adjustments for any credit entries processed in error to my account(s) indicated above and for my financial institution to credit and/or debit the same to each account. I understand that net pay deposits are being processed by ADP, Inc. using the Automatic Payroll Deposit System and being cleared through Bank of America Automated Clearing House System and that Loyola Marymount University assumes no liability for delays after data is electronically sent from ADP or errors made by my financial institution.

I understand and agree that any changes to this authorization must be made in writing. This authority is to remain in full force and in effect until Loyola Marymount University has received written notification from me of its termination or change in such time and in such manner as to afford Loyola Marymount University and my financial institution reasonable opportunity to act on it.

*****THIS FORM SUPERSEDES ALL PREVIOUS DEPOSIT AUTHORIZATIONS.*****

*****PLEASE CONFIRM THE TRANSIT/ROUTING NUMBER WITH YOUR FINANCIAL INSTITUTION*****

NAME (PRINT): _____

LAST FOUR (4) OF SOCIAL SECURITY: XXX – XX – _____

CONTACT PHONE: _____

FACULTY _____ FULL-TIME _____ PART-TIME

STAFF

STUDENT

SIGNATURE: _____

DATE: _____

PAYROLL USE ONLY:
File #: _____
Co Code: _____
Processed: _____