UNIVERSITY OF LOUISIANA at Lafayette
Direct Deposit Authorization

SSN or CLID: _____

Name: _____
PRINT OR TYPE

I hereby authorize the University of Louisiana at Lafayette to direct my net pay to the financial institution that I have designated for all payrolls hereafter with the exception of my final paycheck. I also authorize UL Lafayette to debit my bank account in the event of an error. I understand that I will be notified of any transaction made by UL Lafayette that affects my bank account. It is my responsibility to notify UL Lafayette, as appropriate, should any changes occur to the account specified.

Upon termination of employment or separation of service, my final paycheck will be a physical check and not direct deposited.

_____ _____
SIGNATURE DATE

I do not want a paper payroll stub
I will view my pay information on ULink ☐

I wish to receive a paper payroll stub ☐

Please attach a voided check from the account designated. For a savings account, please provide the account number on the financial instituition's letterhead.