



Automatic Direct Deposit Authorization/Accounts Payable

Employee Info:

Name (please print) _____

I.D. # or S.S.N. #: _____

Bank Info:

Financial Institution (name): _____

Type of Account: (please check one)

Checking Savings

Routing # _____

Account# _____

Please attach a cancelled/voided/copy of a check or official banking information with name, routing number, and account number. LSU is not liable for inaccurate information provided above.

I hereby authorize La Sierra University to transfer all non-payroll payments due to me to the institution indicated above. The institution is authorized to credit the amounts to my account.

This authority is to remain in full force and effect until I revoke it in writing to La Sierra University in such time and such manner as to allow the institution a reasonable opportunity to act upon it.

Signature

Date

Once form is completed please return to the accounting department.

-----For Office Use Only-----

Date made active

Initials

Cancel Direct Deposit:

Bank

Account Number

Signature

Date