

LOUISIANA
Lafayette
Universite' des Acadiens

P.O. Box 44444 Lafayette, LA 70504-4444 Office (337) 482-6385

**Student Payroll** 

## **DIRECT DEPOSIT FORM**

## To take advantage of the Direct Deposit service:

Refunds on my student account

IN PERSON or BY MAIL: Please bring or mail (address above) this completed authorization sheet and a preprinted voided check or typed direct deposit form from your bank to the Student Cashier Center located in The Student Union Room 135.

The account used must be an account that has your name on it. The voided check or direct deposit form must not be a check or form that was handwritten.

We may deposit the balance due to students and/or student payroll funds. Please check one or both and specify if you want refunds or payroll deposited into checking or savings.

Checking	Savings
I confirm that the bank account information I am subinformation. I authorize the University of Louisiana at I account. If banking information given is an incorrect the University of Louisiana at Lafayette's Disbursement of an error. I authorize the University of Louisiana at Lafayette also understand that I will be notified of any transact All future refunds will be deposited in this manner so information remains current.	Lafayette to deposit funds into my account, it is my responsibility to inform nts Office for future deposits. In the event afayette to debit my bank account. I ions that affects my bank account.
Please allow 7-10 business days for the direc	ct deposit form to be processed.
(Signature)	(Date)
(Print Name) (Phone Numbe	(ULID)