Xavier University of Louisiana
Department of Human Resources

DIRECT DEPOSIT PAYROLL INFORMATION FORM

Employee's Authorization – Please fill out and return to the Office of Human Resources. For all checking accounts please attach a voided check for verification purposes.

***Please note that your first check will not be a direct deposit. It is setup as a pre-note for verification. Thereafter each paycheck will be a direct deposit.**

I authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error each pay day to my:

_____ Checking Account **_____ Savings Account**

This authority will remain in effect until I have cancelled it in writing.

_____ _____
Name of Financial Institution **Name (Please Print)**

_____ _____
Branch **Social Security Number**

_____ _____/ _____
City **State** **Signature** **Date**

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER

Attach Voided Check Here