

LSU Health Sciences Center Bank Deposit Authorization

Complete Entire Page
(Attach a Copy of Voided Check)

NOTE: Changing Banks or Account numbers may cause your next paycheck to be a physical check and not a non-negotiable stub.

Name: _____ Date: _____

Social Security Number: _____

It is understood that this banking procedure is a courtesy extended by LSU Health Sciences Center and DOES NOT GUARANTEE the bank's posting of the deposit by any given date.

Begin Deposit: _____

Name of Bank: _____

Address: _____

City, State, Zip: _____

Account Name: _____

(As shown on bank statement)

Checking Savings Account # _____

Deposit Amount: _____

(Net Pay or an Amount)

Classification: Classified Faculty or Unclassified Resident Student

Employee's Signature
