

LOYOLA MARYMOUNT UNIVERSITY AUTOMATIC PAYROLL DEPOSIT AUTHORIZATION

Date _____

- CHECKING ACCOUNT NET EARNINGS REVISED
 SAVINGS ACCOUNT \$ _____ NEW ENROLLMENT

_____ Account # _____ Routing # _____
Banking Institution Name

_____ Account # _____ Routing # _____
Banking Institution Name

_____ Account # _____ Routing # _____
Banking Institution Name

I hereby authorize Loyola Marymount University to initiate credit entries, if necessary, debit entries and adjustments for any credit entries processed in error to my account(s) indicated above and for my financial institution to credit and/or debit the same to each account. I understand that net pay deposits are being processed by ADP, Inc. using the Automatic Payroll Deposit System and being cleared through Bank of America Automated Clearing House System and that Loyola Marymount University assumes no liability for delays after data is electronically sent from ADP or errors made by my financial institution.

I understand and agree that any changes to this authorization must be made in writing. This authority is to remain in full force and in effect until Loyola Marymount University has received written notification from me of its termination or change in such time and in such manner as to afford Loyola Marymount University and my financial institution reasonable opportunity to act on it. This form supersedes all previous deposit authorizations.

**PLEASE CONFIRM THE TRANSIT/ROUTING NUMBER WITH YOUR
FINANCIAL INSTITUTION**

EMPLOYEE NAME: _____

WORK DEPARTMENT: _____

CONTACT PHONE: _____

FACULTY ___ FULL-TIME ___ PART-TIME

STUDENT

STAFF (NOT A STUDENT)

| PAYROLL USE:

| FILE # _____

| CO CO: _____

SIGNATURE: _____

| PROCESSED:

TODAY'S DATE: _____