



## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (CREDITS)

Preparing people to lead extraordinary lives

Direct Deposit is mandatory for all University employees. Please insure that you have established a savings or checking account with a financial institution to comply with this requirement.

**\*\*\*NOTICE: If you opt out of this mandatory requirement, your paycheck will be mailed to your home address on payday. Paychecks will not be available for pick-up on payday. \*\*\***

Please complete the **Authorization Form** below and return to the Human Resources Office, LT 820, WTC. It generally takes 2 pay periods before the procedure is in place. When completed, your direct deposit details are viewable through the Lawson employee self service tool. If you are not part of the Kronos Web Time Card, please check with your department for information on your direct deposit detail.

Effective September 18, 2009, there has been a rule change to the United States (U.S.) ACH direct deposit system for payroll. If you receive your payroll via direct deposit at a U.S. bank and then have the *entire* payroll amount forwarded to a bank in another country, please advise the Human Resources department. There are new formatting requirements for these transactions that the University needs to follow. This rule change does not impact your payroll.

If you need further information on **DIRECT DEPOSIT** stop into the Human Resources Office, Lewis Towers, Suite 820, WTC or contact HR at 5-6175.

### Bank Information

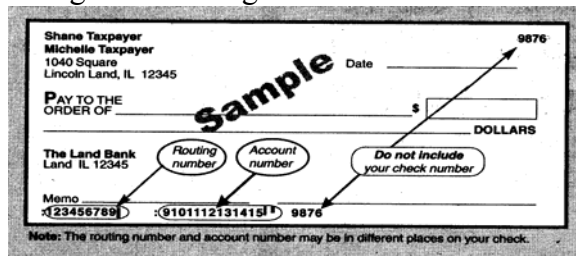
Start       Change       Other

Financial Institution: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Routing/Transit/ABA No.: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account:  Checking     Savings



This authorization is to remain in full force and effect until LOYOLA UNIVERSITY has received written notification from me of its termination in such time and in such manner as to afford LOYOLA and the FINANCIAL INSTITUTION(S) a reasonable opportunity to act on it.

I hereby authorize Loyola University Chicago to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any incorrect credit entries to my account at the Financial Institution named above:

**I have attached a photocopy or original of the institution's DEPOSIT SLIP or BLANK CHECK.**

Name (print): \_\_\_\_\_ Lawson Emp ID #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Extension: \_\_\_\_\_

Pay Schedule:  Biweekly     Monthly