PRINT...

LOYOLA
LAW SCHOOL ❖ LOS ANGELES

LOYOLA MARYMOUNT UNIVERSITY
AUTOMATIC PAYROLL DEPOSIT AUTHORIZATION

DATE _____

[ ] CHECKING ACCOUNT [ ] NET EARNINGS [ ] REVISED

[ ] SAVINGS ACCOUNT [ ] $_____ [ ] NEW ENROLLMENT
(SPECIFY AMOUNT)

I hereby authorize Loyola Marymount University to deposit the amount checked above into my

_____ Account# _____.
(Write Financial Institution Name)

The Transit Routing Number for _____ is _____
(Write Financial Institution Name)

I hereby authorize Loyola Marymount University to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries processed in error to my account 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 supercedes all previous deposit authorizations.

ATTACH A VOIDED CHECK TO FORM.

PLEASE PRINT

Employee Name _____

Social Security Number _____

Department _____

Telephone/Extension _____

Employee Signature _____ Date _____

PAYROLL USE ONLY

File# _____

Co. Code _____

Paydate _____
Processed

RESET