Louisiana State University
Office of Accounting Services
Payroll
204 Thomas Boyd Hall

AUTHORIZATION AGREEMENT FOR ACH INSURANCE DEDUCTIONS AS35-I

Employee _____ _____ _____
Last *First* *MI*

Action ☐ New ☐ Change LSU ID _____

I hereby authorize Louisiana State University (LSU) to initiate debit entries for this transaction to the account at the indicated financial institution, and I hereby authorize the indicated financial institution to accept and to post such entries to my account.

This authorization is in effect until I cancel such authorization by delivering written notice of cancellation to LSU Office of Accounting Services, Payroll, 204 Thomas Boyd Hall, with sufficient time to afford LSU and the financial institution a reasonable opportunity to take the requested action. This authorization may be canceled at any time.

I hereby authorize LSU to provide a copy of the authorization to any institution participating in NACHA and the Southern Financial Exchange.

Bank			
City	State	Zip	
Bank Transit #		Account #	
Account Type	☐ Checking	☐ Savings	

_____ _____
Signature Date

- - - - Tape this edge - - - -

- - - - - - - -

For account verification, attach a voided check.

DO NOT USE STAPLES

- - - - Tape this edge - - - -

FOR ACCOUNTING SERVICES USE ONLY

Entry Code _____ Processed by _____ Date _____