

UNIVERSITY OF LOUISIANA AT MONROE

TERMINATION AGREEMENT FOR PAYROLL AUTHORIZATION

(Please Print)

NAME _____ **SSN/CWID** _____
(Last, First, Middle Initial)

I hereby authorize University of Louisiana at Monroe to terminate electronic credit and debit entries to my account indicated below.

NAME OF FINANCIAL INSTITUTION _____

CITY _____ **STATE** _____ **ZIP** _____

BANK ROUTING #: _____ **ACCOUNT #:** _____

DATE _____ **SIGNED** _____

CAMPUS PHONE # _____

RETURN TO PAYROLL, COENEN HALL 147

1. The automatic deposit option will be effective until terminated by employee. The option to utilize automatic deposit may be elected only once per calendar year. Any alterations to the existing agreement are allowed on a continuous basis.
2. If for any reason, the bank account is invalid, this option may not be authorized until a valid account is established. If the Automatic Deposit option is invalid, or rejects for any reason, a check will be issued to the employee. The check may be picked up in the Payroll Office located in Coenen Hall 147.
3. Future changes in terms and conditions of the option will supersede the terms and conditions in effect at the time the authorization was given.
4. To terminate this automatic deposit option, contact the Payroll Office.
5. Address forms and inquiries to:
University of Louisiana at Monroe
Payroll Office
700 University Avenue
Monroe, LA 71209
(318) 342-5146