# SOUTHEASTERN LOUISIANA UNIVERSITY

# AUTHORIZATION FOR AUTOMATIC DEPOSIT

Name _____ W# _____

Home Phone _____ Work Phone _____

Department_____ Email _____

    ____Bi-Weekly Classified/Unclassified        ____Faculty (Ten Monthly Installment   Faculty)

    ____Graduate Students        ____Student Worker

## DEPOSITORY (BANK, CREDIT UNION, ETC.)

*Please attach a voided check or savings\* account ticket* to insure the correct account number is properly recorded (**Please do not attach deposit slips**). *You must also include a leg...*