



Direct Deposit Authorization Form

Direct deposit is mandatory for all employees. I hereby authorize Lafourche Parish Government (LPG) to directly deposit my pay in the bank account(s) listed below in the specified amounts. When two (2) accounts are listed for direct deposits, a dollar amount for the second account must be specified. If not applicable, the secondary account fields must be left blank. The balance of the net pay will be deposited into the primary account. I have attached a voided check (checking accounts) or deposit slip (savings accounts) for each account specified below. This authorization is to remain in force until LPG has received written authorization from me of its termination or change. In addition, I hereby grant LPG the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment. If the bank account listed for direct deposit was opened within the last 12 months, I authorize LPG to verify the account, if contacted by bank.

All initial direct deposit enrollments and subsequent account changes are subject to a pre-note verification process to ensure accuracy. During this verification period, corresponding checks will be paid via a manual check. Failure to provide LPG with accurate banking information, or timely notification of changes to bank or account information, will result in the employee bearing sole responsibility for any lost, delayed, or misdirected payments.

Employee name (printed): _____

Preferred Method of Pay Stub Delivery: (DPW Only) Electronic Hardcopy

If Electronic, Preferred Email Address for Delivery: _____

*Please Note: *Payroll stubs are password protected with the last four (4) digits of your SSN**

Primary Direct Deposit

Checking Savings Account Opened within the last 12 months: Yes No

Financial institution: _____

City, State & Zip Code of Financial Institution: _____

Personal Account Number:																				
ABA (Routing)Number:																				

I Wish to Deposit: 100% of Net Pay Split Net Pay

Secondary Direct Deposit

Checking Savings Account Opened within the last 12 months: Yes No

Financial institution: _____

City, State & Zip Code of Financial Institution: _____

Personal Account Number:																				
ABA (Routing)Number:																				

I Wish to Deposit: Dollar Amount \$ _____

Employee Signature: _____ Date: _____