

LAMAR UNIVERSITY

AUTHORIZATION AGREEMENT FOR CANCELLATION OF DIRECT DEPOSIT

If you have more than one direct deposit account, you will need to list each account you wish to cancel below.

****PLEASE PRINT****

Name	Banner I.D. No./Social Security No.
Department	Telephone

CANCELLATION: DIRECT DEPOSIT ONE

Financial Institution Name	Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
----------------------------	----------------	--

CANCELLATION: DIRECT DEPOSIT TWO

Financial Institution Name	Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
----------------------------	----------------	--

CANCELLATION: DIRECT DEPOSIT THREE

Financial Institution Name	Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
----------------------------	----------------	--

CANCELLATION: DIRECT DEPOSIT FOUR

Financial Institution Name	Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
----------------------------	----------------	--

Signature _____

Date _____

Due Date to Payroll Office: 15th of the month