

**LAFOURCHE PARISH SCHOOL BOARD
DIRECT DEPOSIT OF PAYROLL AUTHORIZATION FORM**

REV 04/25/2023

(Check One)

- Begin Direct Deposit Effective Date: _____
- Change Account/Financial Institution Effective Date: _____
- Stop Direct Deposit Effective Date: _____

The following information is required. Please remember to print clearly to avoid any delays with processing.

NAME: _____ SOCIAL SECURITY#: _____

STREET: _____ CITY: _____ ZIP: _____

TELEPHONE : _____ E-MAIL ADDRESS: _____

I authorize Lafourche Parish School Board to automatically deposit my net pay to the Bank specified below. I also authorize the Bank to accept each of those deposits for my account and to make adjustments to my account that corrects any error relating to those deposits. I agree that Lafourche Parish School Board will have no responsibility for personal checks written against my account, and that my account will be administered in accordance with the rules and regulations of the Bank. **This authorization will remain in effect until revoked by me in writing to the Lafourche Parish School Board or canceled by Bank.**

Bank Account Information:

BANK NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

Type of Account (Check One Only)

- Checking (*attach a void check to form*)
- Savings (*attach a void deposit slip to form, if possible*)
- Other Type _____ (*attach card information to form, if possible*)
 (*pre-paid Visa, Mastercard, etc.*)

Bank Routing Number

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Bank/Card Account Number

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Employee Signature _____ Emp ID# _____ Date _____

Return to: payroll@mylpsd.com or LPSB Payroll Department, Attn: April Billiot, P O Box 879, Thibodaux, LA 70302-0879