## STATE OF LOUISIANA LAGOV ERP-HUMAN CAPITAL MANAGEMENT DIRECT DEPOSIT ENROLLMENT AUTHORIZATION MAIN BANK (PRIMARY ACCOUNT)



EMPLOYEE SSN		DEPARTMENT/OFFICE OR AGENCY
ACTION TYPE (✓ one) NEW	CHANGE	TERMINATE THIS OPTION

## PRIMARY ACCOUNT INFORMATION

(Main Bank)

DEPOSIT AMOUNT TO THIS ACCOUNT WILL BE EQUAL TO NET PAY LESS ANY DEPOSITS TO SECONDARY ACCOUNTS.

FINANCIAL INSTITUTION NAME	FINANCIAL INSTIT	FINANCIAL INSTITUTION ROUTING (ABA) NUMBER (Bank Key)	
BANK ACCOUNT NUMBER	ACCOUNT NAME *	ACCOUNT NAME * (Ex: Mr. and Mrs. John Doe, John or Jane Doe, John Doe)	
**CHECKING  (provide voided check or account verification)	financial institut	**Account verification or completion of enrollment form by financial institution will assure the accuracy of account data:  Signature from institution:	
**SAVINGS (obtain account # & ABA # from financial institution)	Effective Date	PAYDAY	
	Phone number:		
(Print full name)	1		
t is my responsibility to notify my Employee Admir pecified. Considering all above conditions are motification to terminate, or another signed form (Os and the State of Louisiana has had reasonable on exknowledge that I am responsible for any account in that I add or any changes that I make to my accounts For direct deposits that are affected by the I affirm that the entire amount of the p	gnated above.  nistration Office, as net, this authorizati SUP/F12A) indicati oportunity to act onformation indicate through Louisiana at the International AC	on remains in full effect until a written, signe ng termination of this option is received from m n the termination. However, I understand and on this form as well as any account informatio Employees Online (LEO).	
designated above <b>will not</b> subsequently be fo	orwarded to a foreign ayroll direct depositions.	n financial institution. its sent to my account at the financial institution	
Signature	Date	Phone number where you can be reached between 8:00 am and 4:30 pm	
Deposits can only be made to accounts that belong to yourent/guardian when the employee is a dependent of the part*Agency requirements may vary. Contact your Employee A	rent/guardian.	•	

TO BE COMPLETED BY EMPLOYEE ADMINISTRATION OFFICE:

MAIN BANK	FINANCIAL INSTITUTION ROUTING (ABA) NO. (If not provided above)	
PERSONNEL AREA NUMBER	PERSONNEL NUMBER	EFT VALIDITY DATE