LIVINGSTON PARISH PUBLIC SCHOOLS

DIRECT DEPOSIT AUTHORIZATION
REQUIRED INFORMATION

Your direct deposit will become effective approximately 1 to 2 payroll cycles after the form has been entered into the payroll system. Please print legibly and complete all sections of this form. Failure to do so will cause this form to be returned back to you.

☐ **New** ☐ **Change** ☐ **Stop**

***Name:** _____ ***Employee or SS Number**: _____

School: _____ ***Email Address:** _____

EMAIL ADDRESS WHERE YOU WANT YOUR NOTICE OF DEPOSIT SENT

Home Address: _____

Street City State Zip

I authorize Livingston Parish Public Schools to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking/savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same such account. I agree that Livingston Parish Public Schools 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 Livingston Parish Public Schools. I understand it is my responsibility to report any changes in my account status to Livingston Parish Public Schools by resubmitting Form LP146.

Financial Institution Information

Distribution #1

Financial Institution Name: _____

Address/City/State/Zip:_____

This is a ☐ *CHECKING(Attach a Void Check)* or ☐ *SAVINGS (Attach a Void Deposit Slip)* account.

Financial Routing Number: _____ Account Number: _____

*Distribution #2 (Use for multiple accounts **ONLY** - Flat Dollar Amount or Percentage of the total net.)*

Financial Institution Name: _____

Address/City/State/Zip:_____

This is a ☐ *CHECKING(Attach a Void Check)* or ☐ *SAVINGS (Attach a Void Deposit Slip)* account.

Flat Deposit Amount: $_____ or Percentage: _____%

Financial Routing Number: _____ Account Number: _____

Please return this form by the 1st of the month to:
Livingston Parish Public Schools
Payroll Department
P.O. Box 1130
Livingston, LA 70754
Fax 225-686-4363

_____
*Signature *Date