



UNIVERSITY of
NEW ORLEANS

Payroll Office

Lakefront Campus

Administrative Building Room 216

New Orleans, LA 70148

AUTHORIZATION FOR DIRECT PAYMENT

I (*print name here*) _____ authorize the University of New Orleans to initiate electronic debit entries to my:

Checking account

or

Savings account

for payment of my **current** and/or **past due** Insurance Premium(s). I understand I will receive a notice if the amount changes. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing. In the future, please notify the University if there is a change in your banking information.

Financial Institution Name (*please print*): _____

Account Number at Financial Institution: _____

Financial Institution Routing/Transit Number: _____

Financial Institution City and State: _____

Signature _____ Date _____

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS

Staple Voided Check Here