

Direct Deposit of Your Paycheck

Avoid the hassle of taking your paycheck to your bank. Loyola will electronically deposit it for you! This is the NO HASSLE way to receive your paycheck.

Please complete the Authorization Form below and return to the Mulcahy Center, Human Resource Department.

IT TAKES TWO (2) PAY PERIODS BEFORE THE PROCEDURE IS IN PLACE. When completed, your pay stub is mailed to your home or e-mailed to your home e-mail address. The stub will have big, bold block letters on the front saying: DIRECT DEPOSIT.

ANY bank or account change stops direct deposit for two (2) pay periods; and you will receive two (2) checks before the new change(s) take effect the following pay period.

Loyola will electronically transfer your pay to the financial institution of your choice. There are several banking options in the Chicago area that have free checking and a quick response to Direct Deposit. One of these institutions is the Loyola University Employees' Federal Credit Union. You are eligible to join the Loyola University Employees' Federal Credit Union immediately and LUECFUCU also has free checking. For information about opening an account, call (708) 216-4500.

You can receive your direct deposit statement on pay day on e-mail. Complete the section below, and within two weeks, payroll will e-mail instructions and a password to you, via inter-office mail. Your Direct Deposit Statement will be available whenever you need it and no paper copy will be sent to your home.

LOYOLA UNIVERSITY HEALTH SYSTEM
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (CREDITS)

I hereby authorize Loyola University Health System to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any incorrect credit entries to my Financial Institution named below.

•Financial Institution _____ Address _____

Checking Savings account (select one) Amount _____ per pay period

Transit/ABA No. _____ Account No. _____

•Financial Institution _____ Address _____

Checking Savings account (select one) Amount _____ per pay period

Transit/ABA No. _____ Account No. _____

This authorization is to remain in full force and effect until Loyola University Medical Center has received written notification from me of its termination in such time and manner as to afford Loyola and the Financial Institution a reasonable opportunity to act on it.

I have attached a Voided Check or Bank Deposit Sign Up Form.

Name _____ Social Security Number _____ Employee # _____

Date _____ Signature _____

() yes, send my direct deposit statement via e-mail.

E-mail Address _____ @ _____

(Payroll _____)