Direct Deposit of Your Paycheck

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

IT TAKES TWO (2) PAY PERIODS BEFORE THE PROCEDURE IS IN PLACE.

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 LUECFCU also has free checking. For information about opening an account, call **708-216-4500.**

LUHS 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.

	Type of Account	Account No.	Transit/Routing No.	Financial Institution Name/ Address	% or Dollar Amount deposited per pay period
1	☐ Checking ☐ Savings		271992141	LOYOLA UNIV. EMPLOYEES FEDERAL CREDIT UNION 2160 S. FIRST AVE. MAYWOOD, IL 60153	
2	☐ Checking ☐ Savings				

This authorization is to remain active until LUMC 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.

To have your direct deposit statement/Paystub sent to you via email please complete email address. Payroll will email instructions and a password to you when available. Paper copies of your check will NOT be sent to your home.

Email Address: _____

Please CANCEL my direct deposit		Effective Date:	
Type of Account	Account No.	Transit/Routing No.	Financial Institution Name/ Address
☐ Checking ☐ Savings			

Name:_____ **SSN:**_____ **Employee #:**_____

Date: _____ **Signature:** _____

SSOM/LUC Employees: Paystubs will be accessible only through LoyolaWired/Lawson/Pay.

(Payroll_____)