



THE LASALLE NETWORK



## DIRECT DEPOSIT AUTHORIZATION FORM

I, \_\_\_\_\_, hereby authorize The LaSalle Network to  
print name  
initiate direct deposit of my earnings. I understand that The LaSalle Network will require a **two-week period** from date of receipt to process this request. Once direct deposit has been initiated, all future payments will be directly deposited to my account unless otherwise stated. **If my account information changes, it is my responsibility to notify The LaSalle Network in writing.** Once the change is made, it will take up to two weeks for the change to take affect. The LaSalle Network may also suspend this service at any time and will notify me of any change one day prior to payday.

To initiate this service, please complete the following 3 items:

1. Sign and date The LaSalle Network's Direct Deposit Authorization Form.
2. Complete StratEx Partners Employee Direct Deposit Enrollment Form.
3. Attach a blank **voided check** for each Checking account you plan to use to your Direct Deposit forms (*photocopies of checks are not accepted*). If depositing to a Savings account, please ask your bank for documentation that states your name, routing number and Savings account number, and attach to your Direct Deposit forms.

Direct Deposit forms without a voided check or documentation from your bank will not be processed. *Starter checks are not accepted.* You are permitted to deposit in up to 3 *Checking* accounts and/or *Savings* accounts.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Authorization Agreement for Client ACH Debit

I hereby authorize StratEx Partners to initiate automatic deposits to my account at the financial institution(s) listed below. In the event that StratEx Partners deposits funds erroneously into my account, I authorize StratEx Partners to debit my account for an amount not to exceed the original amount of the erroneous credit. Further, I agree not to hold StratEx Partners/The LaSalle Network responsible for any delay or loss of funds due to incorrect or incomplete information supplied by myself or my financial institution or due to monies owed to my financial institution(s) on my behalf.

This agreement will remain in effect until StratEx Partners/The LaSalle Network receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Bank Name/City/State:** \_\_\_\_\_

**Routing/Transit#:** \_\_\_\_\_ **Account#:** \_\_\_\_\_

Checking  Savings  Other **I wish to deposit: \$** \_\_\_\_\_ **or**  Entire Net

**Bank Name/City/State:** \_\_\_\_\_

**Routing/Transit#:** \_\_\_\_\_ **Account#:** \_\_\_\_\_

Checking  Savings  Other **I wish to deposit: \$** \_\_\_\_\_ **or**  Entire Net

**Bank Name/City/State:** \_\_\_\_\_

**Routing/Transit#:** \_\_\_\_\_ **Account#:** \_\_\_\_\_

Checking  Savings  Other **I wish to deposit: \$** \_\_\_\_\_ **or**  Entire Net

**Remember**

Funds may be direct deposited to *no more* than 3 Checking accounts and/or Savings accounts.

**ATTACH VOIDED CHECK**