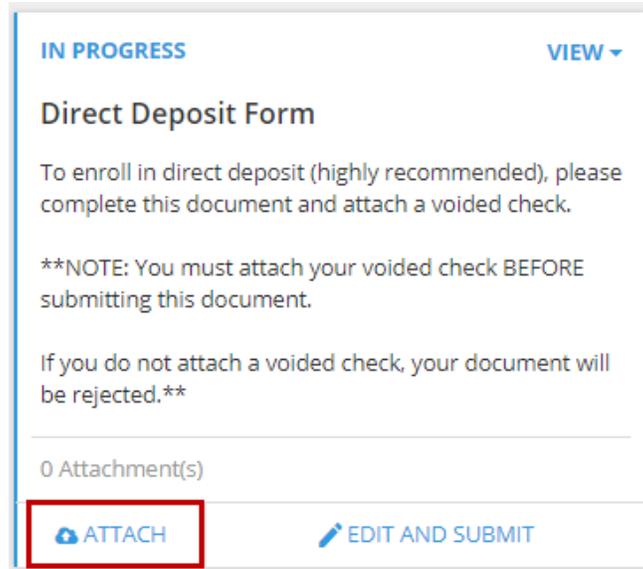


INSTRUCTIONS FOR DIRECT DEPOSIT

Before you submit this document, you must attach a voided check OR a printed bank form that includes your name and account information. **Deposit slips, starter checks, and handwritten bank forms will NOT be accepted.**

In the Direct Deposit Form description, click on the blue button that says **ATTACH**.



IN PROGRESS VIEW ▾

Direct Deposit Form

To enroll in direct deposit (highly recommended), please complete this document and attach a voided check.

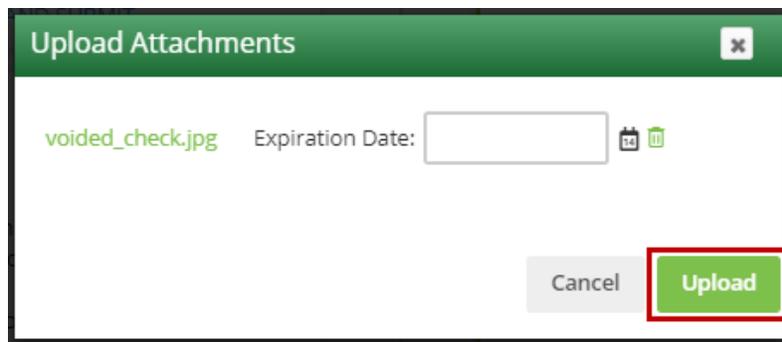
****NOTE: You must attach your voided check BEFORE submitting this document.**

If you do not attach a voided check, your document will be rejected.**

0 Attachment(s)

Double click on the file you wish to upload, then click **Upload** (you do **not** need to input an Expiration Date).



Upload Attachments ✕

voided_check.jpg Expiration Date:  

Once you have successfully uploaded your attachment, click **EDIT AND SUBMIT** to finish completing this document.



 VOIDED_CHECK.JPG



DIRECT DEPOSIT AUTHORIZATION FORM

Bank Name/City/State: _____

Routing #: _____

Account #: _____

Select Account Type: Checking Savings

Cell Phone Number: _____

I hereby authorize LaSalle Network to initiate automatic deposits of my earnings to my account at the financial institution listed above. Once direct deposit has been initiated, all future payments will be directly deposited to my account unless otherwise stated.

I understand that submitting this Direct Deposit Form does not guarantee its approval. I understand that **if I submit this form without attaching the required documentation, LaSalle Network will reject my Direct Deposit Form.**

I understand that LaSalle Network will require a **two-week period from date of document approval** to process this request. Furthermore, I understand if I submit inaccurate or incomplete documentation, processing my request will be delayed for an indeterminate period of time.

If my account information changes, it is my responsibility to notify LaSalle Network in writing by emailing payroll@lasallenetwork.com. Once the change is made, it will take up to two weeks for the change to take effect. LaSalle Network may also suspend this service at any time and will notify me of any change one day prior to payday.

In the event that LaSalle Network deposits funds erroneously into my account, I authorize LaSalle Network to debit my account for an amount not to exceed the original amount of the erroneous credit. Further, I agree not to hold 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 on my behalf.

This agreement will remain in effect until LaSalle Network receives a written notice of cancellation from me or my financial institution. If we receive account information and you are not placed on assignment, we will destroy the information after 3 months.

Print Name: _____

Signature: _____

Date: _____

LaSalle Network Office Use Only

ID#

Note

Emailed