



Loan Administration Network, Inc.

**Payroll Direct Deposit Plan Authorization  
Application to Join**

Please Print

**Employee Information**

Name: _____							
Last		First		Middle			
Address: _____							
No.		Street		City	State		Zip
Social Security #: _____				Home Telephone: _____			

**Bank Information**

Bank Name: _____							
Bank Address: _____							
No.		Street		City	State		Zip
Account Number: _____			Type of Account:	Checking	Savings		
Routing (ABA) Number: _____							
<b>Checking Account: Attach a copy of a "voided" check.</b>							
<b>Savings Account: Attach a copy of a deposit slip.</b>							

I hereby direct LANI to deposit my wages or salary directly into my account with the above-named bank on scheduled payroll dates. I understand that I will be furnished with a payroll voucher showing payroll deductions, net pay, and the date of deposit. Further, I authorize LANI to withdraw any funds that may have been deposited into my account in error.

I understand any time I set up a new account or change my bank account or bank, the first check following the initial set-up or change will result in an actual live paycheck. Thereafter, funds will be direct deposited into my account. In addition, once the assignment has ended, I understand the final paycheck will be issued in the form of a live paycheck.

**Important:** Funds transmitted by "direct deposit" may take up to 48 hours to be posted to your account. Always verify that your account has been credited with direct deposit funds prior to writing checks or otherwise making withdrawals from your account.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CANCELLATION OF DIRECT DEPOSIT PLAN AUTHORIZATION**

I hereby cancel this Direct Deposit Authorization.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_