

AUTHORIZATION AGREEMENT FOR ACH INSURANCE DEDUCTIONS

AS35-I

Employee _____
Last First MI

Action

is in effect until I cancel such authorization by delivering written notice of cancellation to LSU Office of Accounting Services, Payroll, 204 Thomas Boyd Hall, with sufficient time to afford LSU and the financial institution a reasonable opportunity to take the requested action. This authorization may be canceled at any time.

I hereby authorize LSU to provide a copy of the authorization to _____

Date

---- Tape this edge ----