

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO  
DIRECT DEPOSIT AUTHORIZATION FORM

**A. EMPLOYEE INFORMATION**

1. Name: \_\_\_\_\_  
Last First M.I.

2. UT Health Science Center Badge Number: \_\_\_\_\_

3. Department: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

**B. FINANCIAL INSTITUTION INFORMATION**

4. Name of your Financial Institution: \_\_\_\_\_

5. Type of account you wish your funds to be directly deposited (check one):

**CHECKING.** Please enclose a **blank voided personal check** with this form.

**CHECKING ACCOUNT that uses DEBIT CARD ONLY** (no checks used)

Account #: \_\_\_\_\_ Transit Routing #: \_\_\_\_\_

**SAVINGS.** Account #: \_\_\_\_\_ Transit Routing #: \_\_\_\_\_

**C. TRANSACTION INFORMATION**

6.  **AUTHORIZATION.** Pursuant to section 403.016, Texas Government Code, I authorize UTHSCSA to deposit by electronic transfer payments owed to me by the University and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. The University shall deposit the payments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically. I consent to and agree to comply with the National Clearing House Association Rules and Regulations and the University's rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted or amended. If I am currently a UTHSC student, I understand that I am authorizing Student Financial Services to pay all outstanding charges with my financial aid before refunding.

7.  **CANCELLATION.** I hereby cancel the authorization for the deposit of my funds by electronic transfer.

8.  **CHANGE.** I hereby request a change of the authorization for the deposit of my funds by electronic transfer.

Change in account number (same bank) from #  to #

Change in financial institution.

Change account (from savings to checking or checking to savings.)

I understand that there will be a waiting period from the time an authorization, cancellation, or change is requested until it is implemented by the UTHSCSA and my financial institution. I also understand that employees are responsible for contacting the financial institution directly to confirm the deposit to their account prior to expending the funds.

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

**Please send original to Payroll Services no later than the 10<sup>th</sup> of the month.**

Should unexpected circumstances occur that require a change, such as theft or loss, please contact Payroll Services at 562-6315.

**FOR OFFICE OF PAYROLL SERVICES USE ONLY**

Date Authorization Entered: \_\_\_\_\_ Entered By: \_\_\_\_\_

Reviewed By: \_\_\_\_\_