

TEXAS TECH DIRECT DEPOSIT AUTHORIZATION FORM

PAYROLL USE ONLY

Effective Date: _____ Entered: _____

Employee ID: _____ Employee Type: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Department: _____ Phone #: _____ MailStop: _____

Account 1 New Setup Change Cancellation

Bank Routing Number: _____ Account Number: _____ Account Type: _____

Remaining Amount Amount or Percent: _____

Account 2 New Setup Change Cancellation

Bank Routing Number: _____ Account Number: _____ Account Type: _____

Remaining Amount Amount or Percent: _____

Account 3 New Setup Change Cancellation

Bank Routing Number: _____ Account Number: _____ Account Type: _____

Remaining Amount Amount or Percent: _____

New Direct Deposit Authorization

I authorize Texas Tech University, Texas Tech Health Science Center El Paso and Texas Tech System (Texas Tech) and my financial institution to automatically deposit my net payroll via electronic transfer. If pay or reimbursements to which I am not entitled are deposited to my account, my employer may direct my financial institution to return said funds. Should my account be closed or contain insufficient funds to allow for a deduction of the amount deposited, Texas Tech may withhold any portion of my pay until such amount is repaid. If I am no longer employed by Texas Tech and my account is closed or contains insufficient funds for this deduction, I agree to repay any amount paid to me within two (2) weeks of written notification from Texas Tech that an error was made.

NOTE: Payroll needs advance notice of cancellation or change in your bank accounts to ensure your check does not go to the wrong bank or wrong account.

New Setup, Changes of Financial Institution, Changes in Account Number, or Cancellations: You may receive a paper check for up to (1) pay period after you submit the request.

ACCOUNT CANCELLATION: Cancellation notice should be received in Payroll Services Ten (10) business days before pay day to ensure changes are made before the payroll starts processing.

IMPORTANT NOTICE: PLEASE ATTACH VOIDED CHECK FOR VERIFICATION of ACCOUNT NUMBER & ROUTING NUMBER

Signature: _____

Date: _____

(Return this form to Payroll Services)