

# 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)