

# Payroll/Fiscal Direct Deposit Authorization Form

INSTRUCTIONS: This form is used by employees to request direct deposit of payroll into a bank or credit union. It is the employee's responsibility to provide accurate routing and account number information. If in doubt, contact your financial institution to ensure accuracy prior to submitting this form. Please print clearly and legibly to prevent errors.

**■ Employee Information**

Name \_\_\_\_\_ UIN \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Department \_\_\_\_\_ Mail Stop \_\_\_\_\_  
 Preferred E-Mail Address \_\_\_\_\_

*The following is to be completed by employee OR financial institution representative.*

**■ Payroll Direct Deposit:**    Initial setup    Change    Cancel

Bank/Credit Union: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

<b>Electronic deposit routing number:</b> <small>(Obtain from bank/credit union)</small>	<b>Bank account number:</b> (Indicate account type) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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**Check here if you want your fiscal reimbursements (travel, travel advances & purchases) deposited to the same account.**

**■ Reimbursements Direct Deposit (Travel & Purchases):**    Initial setup    Change    Cancel

Bank/Credit Union: \_\_\_\_\_ Phone: \_\_\_\_\_

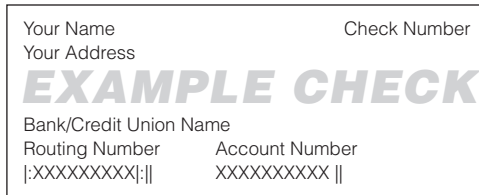
Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

<b>Electronic deposit routing number:</b> <small>(Obtain from bank/credit union)</small>	<b>Bank account number:</b> (Indicate account type) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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Do NOT attach a check.  
 Do NOT attach a deposit slip.

Refer to the example check →  
 for assistance in completing the  
 Direct Deposit section.



**■ Employee Authorization**

I authorize the Engineering Payroll Office and TEES Fiscal Office to deposit by electronic transfer my payroll and reimbursement amounts to the financial institution(s) and account indicated above. I acknowledge responsibility for providing complete and accurate information on this authorization form and understand that the payroll office may contact my financial institution to confirm accuracy of information. This authorization is to remain in effect until I provide written notice of cancellation. The payroll office and fiscal office reserves the right to reverse an incorrect posting; however, I fully understand that they must notify me on or before the settlement date (payday) and explain the reason for the reversal. I further understand that it will be my responsibility to contact the Engineering Payroll Office prior to making changes in my account, i.e., closing account, changing banks, etc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return form to:**  
 Engineering Budgets & Payroll Office  
 1470 William D. Fitch Pkwy, Room 161A  
 College Station, Texas 77845

**Or mail form to:**  
 Engineering Budgets & Payroll Office  
 TAMU 3132  
 College Station, TX 77843-3132

**■ For assistance,** call the Payroll Office at 979-458-7493.

Privacy Notice: State Law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.