



Payroll Authorization for Direct Deposit of Salary

This form is due 10 days prior to pay date. Late requests may result in a physical check being issued or direct deposit to a previously-established account. Leave your old account open until the deposit into your new account has occurred. Your direct deposit advice detailing your earnings, deductions, and net deposit can be found by logging in to Galaxy Self Service at <https://galaxy.utdallas.edu>. All areas of this form must be completed and a voided check/savings deposit slip attached, or it will be returned for completion. For questions or assistance with your direct deposit, contact the Payroll Department at 972-883-2611.

→ → **Please return completed form to the Payroll Department (Mail Stop AD36, AD 2.224) 972-883-2611** ← ←

Please type or print.

Name (last, first, middle initial):			
Pay type (check one):		<input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	UTD ID#:
BALANCE OF NET DIRECT DEPOSIT (Required)			
<input type="checkbox"/> Add	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input checked="" type="checkbox"/> BALANCE OF NET PAY (100% or remainder)	
<input type="checkbox"/> Change	Routing #:		Account #:
<input type="checkbox"/> Cancel	Name of depository institution:		
PARTIAL DIRECT DEPOSIT (Optional)			
<input type="checkbox"/> Add	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Percentage	% Flat amount \$
<input type="checkbox"/> Change	Routing #:		Account #:
<input type="checkbox"/> Cancel	Name of depository institution:		
Authorization: I authorize my employer, The University of Texas at Dallas, and the financial institution named above to deposit my net pay by electronic transfer to my account each payday. I understand it is my sole responsibility to verify with my financial institution the receipt of my payroll direct deposit funds. If amounts to which I am not entitled are deposited into my account, I authorize my employer to direct my Financial Institution to return them. In the event my designated account is closed or contains an insufficient balance to allow a deduction for amounts deposited in error, I agree that my employer may withhold any amounts owing to me until such amount is repaid.			
Signature:		Phone:	Date:

With few exceptions, you are entitled on your request to be informed about the information the University of Texas at Dallas (UTD) collects about you. Under Section 552.021 and 552.023 of the *Texas Government Code*, you are entitled to receive and review the information. Under Section 559.004 of the *Texas Government Code*, you are entitled to have UTD correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in *The University of Texas System Business Procedures Memorandum 32*. The information that UTD collects will be retained and maintained as required by Texas records retention laws (Section 441.180 at seq. of the *Texas Government Code*) and rules. Different types of information are kept for different periods of time.

For Payroll Use Only	Entered by:	Date:
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Tape voided
check or savings
deposit slip(s) here.

Employee name and address must be on check.		2551
Date _____		
Pay to the Order Of	***VOID***VOID***VOID***	
_____		\$
For _____		
:075501626: 732-336 2551		