

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.

→ → PIEa.	se return complete	d form to the Payro	oll Department (Mail Stop AD36, A	AD 2.224) 972-88	3-2611 ← ←	
Name (last, first,	, middle initial):						
Pay type (check	one): M	onthly	Hourly	UTD ID#:			
BALANCE OF NET DIRECT DEPOSIT (Required)							
New	Checking	Savings	BALANCE OF NET PAY (100% or remainder)				
Change	Routing #:	Account #:					
Cancel	Name of depository	/ institution:					
PARTIAL DIRECT DEPOSIT (Optional)							
New	Checking [Savings	Percentage	Percentage % or		unt\$	
Change	Routing #:		А	ccount #:			
Cancel	Name of depository institution:						
EXISTING ACCOUNT INFORMATION (Change Only)							
Mandatory for all changes	Routing #:		A	ccount #:			
an changes	Name of depository	y institution:					
INTERNATIONAL PAYMENTS VERIFICATION (Required)							
Will these payments be forwarded to a financial institution outside the United States? If "Yes" also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227)							
by electronic trans payroll direct depo Institution to retu	sfer to my account each osit funds. If amounts to rn them. In the event m	oyer, The University of Te n payday. I understand it o which I am not entitled ny designated account is nyer may withhold any an	is my sole responsi I are deposited into closed or contains o	bility to verify with my my account, I authoriz In insufficient balance	financial institution ze my employer to di to allow a deduction	the receipt of my rect my Financial	
Signature:			Phone:	Phone:		Date:	
the Texas Government about you that is held	Code, you are entitled to rece by us and that is incorrect, in tained and maintained as requ	est to be informed about the inference and review the information accordance with the procedure uired by Texas records retention	n. Under Section 559.004 es set forth in <i>The Univers</i>	of the Texas Government Co ity of Texas System Business	ode, you are entitled to have Procedures Memorandum	re UTD correct information 32. The information that	
		Employee name and 255 address must be on check.			2551		
check	e voided or savings slip(s) here.	Pay to the Order Of ***VOID*****VOID*** For					
For Payroll Use Only Entered by:							