

Texas A&M University System Health Science Center

Direct Deposit Authorization Form

STAPLE HERE - Attach void check or copy of account number card.

EMPLOYEE / STUDENT IDENTIFICATION - To be completed by employee / student

Name: _____	Social Security Number: _____
Work Phone: _____	Home Phone: _____
Department: _____	Mail Stop: _____

ACTION REQUESTED	FINANCIAL IDENTIFICATION - To be completed by individual <u>or</u> financial institution representative
<input type="checkbox"/> Initial Set-up	Name of Bank/ Credit Union: _____ Phone: _____
<input type="checkbox"/> Change	Address: _____
<input type="checkbox"/> Cancel	City, State, Zip: _____
	Electronic deposit routing number (obtain from bank/credit union): _____
	Account number: _____
	Indicate account type below: <input type="checkbox"/> Checking (<i>attach printed void check</i>) <input type="checkbox"/> Savings (<i>attach copy of acct.no.card</i>)
	Name of person completing this section if other than employee: _____

EMPLOYEE / STUDENT AUTHORIZATION

I authorize Texas A&M University System Health Science Center to deposit by electronic transfer my (Check all that apply):

Payroll Employee Reimbursements Student Refunds or Other Student Payments

to the financial institution and account indicated above. I acknowledge responsibility for providing complete and accurate information on this authorization form and understand that the HSC 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 HSC reserves the right to reverse an incorrect posting; however, I fully understand that the HSC must notify me on or before the settlement date (payday) and explain the reason for the reversal. I further understand that if changes occur in my account, i.e. switching deposit from checking to savings, closing account, changing bank, etc. it is my responsibility to contact the HSC Office of Finance & Administration immediately.

Signature: _____ Date: _____

Email address for notification of reimbursements/refunds/other student payments: _____

Return form to: Texas A&M University System Health Science Center
 Payroll Services
 1361 TAMU
 College Station, TX 77840-7896
 Call (979) 458-7273 for assistance

Office Use Only

Verified: _____	Confirmed: _____	Entered: _____
Distribution: <input type="checkbox"/> Darliss Peabody	<input type="checkbox"/> Pat Gilbert	