

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

VDEP Entry		
Initial	Date	Agency

INSTRUCTIONS

- Use only Blue or Black Ink.
- Alterations must be initialed.
- Attach a voided check or a copy of a check from the depository account.
- Section 6 must be completed by the paying agency.
- Check all appropriate boxes.
- **Return completed form to:**
TTUHSC - Payment Services
3601 4th Street STOP 6283
Lubbock, Texas 79430-6283

TRANSACTION TYPE

Sec. 1	<input type="checkbox"/> New Set Up (Sections 2, 3 & 4) <input type="checkbox"/> Cancellation (Sections 2 & 3)	<input type="checkbox"/> Change Account Number (Sections 2, 3 & 4) <input type="checkbox"/> Change Financial Institution (Sections 2, 3 & 4)
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PAYEE IDENTIFICATION

Section 2	1. Employee R Number R _____	3. Business Phone (____) _____ - _____
	2. Name _____	7. Zip Code _____
	4. Street Address _____	6. State _____
	5. City _____	

AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

Section 3	8. I authorize TTU, TTUHSC or TTU System to deposit by electronic transfer payments owed to me by listed agencies, and if necessary, debit entries and adjustments for any amounts deposited electronically in error. The appropriate agency shall deposit the payments in the financial institution and account designated below. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.		
	I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and the TTU, TTUHSC and TTU System policies and procedures about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.		
	9. Employee Signature _____	10. Printed Name _____	11. Date _____

BANKING INFORMATION -- ATTACH A VOIDED CHECK OR A COPY OF A VOIDED CHECK.

Section 4	12. Financial Institution Name: _____		
	13. Address: _____	14. City: _____	
	15. State: _____	16. Zip Code _____	17. Type of Account: Checking (Other types of accounts are not acceptable.)
	18. Routing Transit Number _____	19. Customer Account Number _____	

CANCELLATION BY AGENCY

Sec. 5	20. Reason _____	21. Date _____
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PAYING AGENCY

Section 6	22. Signature _____	23. Printed Name _____
	24. Agency Name _____	25. Agency Number _____
	26. Comments _____	27. Phone Number _____
		28. Date _____