TEXAS TECH DIRECT DEPOSIT AUTHORIZATION FORM

PAYROLL USE ONLY Effective Date: Entered:					
Employee ID:		Employee Type:			
Last Name:		First Name:		Middle Initial:	
Department:		Phone #:		MailStop:	
Account 1	☐ New Setup	Change	Cancellation		
Bank Routing Number:		Account Number:	Account Type:		
	Remaining Amount	Amount or Percent:			
Account 2	☐ New Setup	Change	Cancellation		
Bank Routing Number:		Account Number:	Account	Account Type:	
	Remaining Amount	Amount or Percent:			
Account 3	☐ New Setup	☐ Change	Cancellation		
Bank Routing Number:		Account Number:	Account	Туре:	
	Remaining Amount	Amount or Percent:			
New Direct Deposit Authorization					
I authorize Texas Tech University, Texas Tech University Health Sciences Center El Paso and Texas Tech University System (TTU System) and my financial institution to automatically deposit my net payroll via electronic transfer. If pay or reimbursements to which I am not entitled are deposited to my account, my employer may direct my financial institution to return said funds. Should my account be closed or contain insufficient funds to allow for a deduction of the amount deposited, Texas Tech may withhold any portion of my pay until such amount is repaid. If I am no longer employed by Texas Tech and my account is closed or contains insufficient funds for this deduction, I agree to repay any amount paid to me within two (2) weeks of written notification from Texas Tech that an error was made.					
NOTE: Payroll needs advance notice of cancellation or change in your bank accounts to ensure your check does not go to the wrong bank or wrong account. New Setup, Changes of Financial Institution, Changes in Account Number, or Cancellations: You may receive a paper check for up to (1) pay period after you submit the request.					
ACCOUNT CANCELLATION: Cancellation notice should be received in Payroll Services Ten (10) business days before pay day to ensure changes are made before the payroll starts processing.					
IMPORTANT NOTION Signature:	CE: PLEASE ATTACH VOIDED(CHECK FOR VERIFICATION of	ICATION of ACCOUNT NUMBER & ROUTING NUMBER Date:		

(Return this form to Payroll Services)