

# TEXAS TECH

Payroll Department, Box 41092, Lubbock, TX 79409-1092 (806) 742-3211

## DIRECT DEPOSIT AUTHORIZATION FORM

INSTRUCTIONS FOR DIRECT DEPOSIT AUTHORIZATION FORM – Please type or print in ink.

- Check Transaction type and complete designated section.
- Alterations must be initialed.
- Make a copy for yourself, before you submit this Form.
- For further instructions, see page 2.

### TRANSACTION TYPE

**New Setup** (Complete Sections 1, 2, and 3)  
**Change** (Complete Sections 1, 2, and 3)  
**Cancellation** (Complete Sections 1 and 3)

### PAYROLL OFFICE USE ONLY

Date Received .....  
Effective Date .....

### SECTION 1 – EMPLOYEE INFORMATION

Employee SSN .....	Entity .....	TTU .....	HSC .....
Last Name .....	First Name .....	Middle Initial .....	
Home Address .....	City .....	State .....	Zip .....

### SECTION 2 – EMPLOYEE'S BANK OR CREDIT UNION INFORMATION

Name of Bank or Credit Union .....			
Attach voided check (deposit slip is not acceptable)			
Address .....			
City .....	State .....	Zip .....	Phone .....
Routing Transit Number .....	Type of Account .....	Checking .....	Savings .....
Customer Account Number .....			

### SECTION 3 – EMPLOYEE CONSENT AND AUTHORIZATION

I hereby authorize Texas Tech University and Texas Tech University Health Sciences Center, herein after referred to as Texas Tech, to deposit by Electronic Transfer payments owed to me by Texas Tech and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. Texas Tech shall deposit the payments in the Financial Institution and account designated above. 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 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 Texas Tech's rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, or amended, or repealed.

Employee Signature ..... Date .....

