

DIRECT DEPOSIT AUTHORIZATION

VDEP Entry		
Initial	Date	Agency

INSTRUCTIONS

- Use only Blue or Black Ink.
- Alterations must be initialed.
- A voided check from depository account must be attached
- Section 6 must be completed by the paying agency.
- Check all appropriate boxes.
- Return completed form to:
Check Disbursements
TTU Box 41094
Lubbock, TX 79409-1094

TRANSACTION TYPE

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

PAYEE IDENTIFICATION

Section 2	1. Social Security Number or Federal Employer's ID (FEI) _____	
	2. Vendor Code: R _____ (If Known)	
	3. Name _____	4. Business Phone Number (____) ____ - ____
	5. Street Address _____	6. City _____ 7. State ____ 8. Zip Code _____ - ____

AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

Section 3	11. 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 recognized 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electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.
	12. Signature _____ 13. Printed Name _____ 14. Date _____

FINANCIAL INSTITUTION (Attach a voided Check. Deposit slip is not acceptable.)

Section 4	15. Financial Institution Name: _____	
	16. Address: _____	17. City: _____
	18. State: _____	19. Zip Code _____ 20. Type of Account: Checking Savings
	21. Routing Transit Number _____	22. Customer Account Number _____

CANCELLATION BY AGENCY

Sec. 5	23. Reason _____	24. Date _____
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PAYING AGENCY

Section 6	25. Signature _____	26. Printed Name _____
	27. Agency Name _____	28. Agency Number _____
	29. Comments _____	30. Phone Number (____) ____ - ____ 31. Date _____