



TEXAS SOUTHERN UNIVERSITY

Authorization For Direct Deposit

I authorize Texas Southern University to deposit my payments from the university to my financial institution(s) electronically for both payroll and non-payroll items (such as travel reimbursements) to my account(s) listed below. I further authorize Texas Southern University to reverse any payments made to my account(s) in error. I understand that changes must be submitted to the Texas Southern University's Payroll Department before processing begins for that payroll cycle. I agree that if changes occur in my account, i.e., switching account from checking to savings, changing banks, etc. it is my responsibility to contact the Payroll Department immediately. 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. Employees may only cancel their direct deposit agreements in person at the Payroll Department. I cannot hold Texas Southern University responsible for my failure to provide timely notification of such changes.

Employees are responsible for verifying that funds are posted and available in their account prior to spending against them. Texas Southern University will not be responsible for insufficient funds, overdrafts, returned items or other fees charged by the bank caused by my failure to verify that the funds have been posted and are available.

I further understand that Texas Southern University will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, please contact your financial institution.)

Privacy Notice: Under Ch. 559, Government Code, requires that you be informed of the following: (1) You are entitled to request to be informed of the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

Transaction Type

SECTION 1	<input type="checkbox"/> New setup	<input type="checkbox"/> Change account type
	<input type="checkbox"/> Change financial institution	<input type="checkbox"/> Cancellation
	<input type="checkbox"/> Change account number	

Employee Identification

SECTION 2	TSU ID Number or Social Security Number (SSN) _____		Mail code (If not known, leave blank.) _____	
	Payee name _____		Phone number () ext. _____	
	Mailing address _____		City _____ State _____ ZIP code _____	

Banking Institution

SECTION 3	Banking institution name _____		City _____		State _____	
	Routing transit number (9 digits) _____-_____-_____-_____-_____-_____-_____-_____-_____-		Customer account number (maximum 17 characters) _____-_____-_____-_____-_____-_____-_____-_____-_____-		Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	Banking representative name (optional) _____		Banking Phone number (optional) () ext. _____			
	<input type="checkbox"/> I wish to deposit \$ _____.		<input type="checkbox"/> I wish to deposit Entire Net Amount			

SECTION 3	Banking institution name _____		City _____		State _____	
	Routing transit number (9 digits) _____-_____-_____-_____-_____-_____-_____-_____-_____-		Customer account number (maximum 17 characters) _____-_____-_____-_____-_____-_____-_____-_____-_____-		Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	Banking representative name (optional) _____		Banking Phone number (optional) () ext. _____			
	<input type="checkbox"/> I wish to deposit \$ _____.		<input type="checkbox"/> I wish to deposit Entire Net Amount			

Authorized Signature

sign here	Signature _____	Phone number () ext. _____	Date _____
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For Payroll Use Only

Entered by: _____	Verified by: _____	Entry Date: _____
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