



Direct Deposit Authorization

This form may be used by TSU employees to receive payments from TSU by direct deposit or to change/cancel existing direct deposit information

Transaction Types

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 <i>(If not known, leave blank.)</i>	
	Payee Name:		Phone Number: Ext.	
	Mailing Address:	City:	State:	ZIP Code:

New Account Information

Section 3	Banking Institution Name:		City:	State:
	Routing Transit Number	Customer Account Number <i>(maximum 17 characters)</i>		Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Saving
	Banking Representative Name <i>(optional)</i>		Banking Phone Number <i>(optional)</i> Ext.	
	<input type="checkbox"/> I wish to deposit \$		<input type="checkbox"/> I wish to deposit ENTIRE NET amount:	

Second Account Information

Section 3	Banking Institution Name:		City:	State:
	Routing Transit Number	Customer Account Number <i>(maximum 17 characters)</i>		Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Saving
	Banking Representative Name <i>(optional)</i>		Banking Phone Number <i>(optional)</i> Ext.	
	<input type="checkbox"/> I wish to deposit \$		<input type="checkbox"/> I wish to deposit ENTIRE NET amount:	

Existing Account Information (Changes Only)

Sec 4	Routing transit number <i>(9 digits)</i>	Customer account number <i>(maximum 17 characters)</i>	<input type="checkbox"/> Checking <input type="checkbox"/> Saving

International Payments Verification (required)

Sec 5	Will these payments be forwarded to a financial institution outside the United States? If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227). <input type="checkbox"/> YES <input type="checkbox"/> NO		

Authorization for Setup, Changes or Cancellation/Decline (required)

Section 6	I authorize Texas Southern University to electronically deposit my payments to my financial institution. I understand that Texas Southern University will reverse any payments made to my account in error. 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.)		
	Authorized Signature:	Printed Name:	Date:

For Payroll Use Only

Entered by:	Verified by:	Entry Date:

Instructions for Direct Deposit Authorization

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. To request information for review or to request error correction, use the contact information on this form.

SECTION 1: TRANSACTION TYPE

Select the appropriate transaction type(s).

SECTION 2: EMPLOYEE INFORMATION

Complete the information required - your name, TSU ID or SSN, phone number where you can easily be reached and mailing address.

SECTION 3: NEW ACCOUNT INFORMATION

Complete the information required - each item must be provided to assure proper distribution of your funds. Financial Institution Name (bank or other), the city and state your account is based in, routing number from your check*, account number from your check, account type, the amount (if a specific amount is desired.)

* IMPORTANT - Your direct deposit routing/account information may be different from the information printed on your checks. It is recommended that you contact your financial institution to confirm your direct deposit information for this document. **Please attach a cancelled check or bank document for verification.**

SECTION 3: SECOND ACCOUNT INFORMATION

Same as instructed above, please complete all information required. This second account is an OPTION and must be 100% of the remaining balance of your payment.

SECTION 4: EXISTING ACCOUNT INFORMATION (CHANGES ONLY)

Indicate routing number, account number, and account type.

SECTION 5: INTERNATIONAL PAYMENTS VERIFICATION (REQUIRED)

Select **YES** or **NO** to indicate if payments will be forwarded to a financial institution outside the U.S.

Note: If **YES**, the payee must also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227)

SECTION 6: AUTHORIZATION FOR SETUP, CHANGES, CANCELLATION/DECLINE (REQUIRED)

Original signature of the payee is required. Enter or print the name of the payee. Enter or print the date the form was signed.

QUESTIONS?

TSU Employees: Contact payroll staff.