UNIVERSITY OF TEXAS AT SAN ANTONIO
NON-PAYROLL DIRECT DEPOSIT
AUTOMATIC AUTHORIZATION AGREEMENT (CREDIT)

PAYEE INFORMATION (Completing all fields is required)

LAST NAME: _____ **FIRST NAME:** _____ **M:** _____

SOCIAL SECURITY NUMBER: _____ **OR UTEID** _____

E-MAIL ADDRESS: _____

DEPARTMENT: _____ **CONTACT PHONE NUMBER:** _____

Disclosure of your social security number (SSN) is requested from you in order for UTSA to post your direct deposit information. No statute or other authority requires that you disclose your SSN for that purpose. Failure to provide your SSN, however, may result in our inability to provide direct deposit. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

FINANCIAL INSTITUTION INFORMATION

I authorize the University of Texas at San Antonio hereinafter called UNIVERSITY, to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my:

(Select one) **( ) Checking Account** **(Attach printed voided CHECK.)**
( ) Savings Account **(Attach copy of account number card or deposit slip.)**

indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. Anyone wishing to electronically deposit funds to a CREDIT UNION or an INVESTMENT ACCOUNT should contact their financial institution for proper routing instructions.

I understand that it is solely my responsibility to verify with my DEPOSITORY the receipt of my direct deposit, and I agree to notify the Disbursements/Travel Office within three business days if my DEPOSITORY has not received my direct deposit.

This authority is to remain in full force and effect until the UNIVERSITY has received written notification from me of its termination in such time and in such manner as to afford UNIVERSITY and DEPOSITORY a reasonable opportunity to act on it.

NAME OF FINANCIAL INSTITUTION: _____

ROUTING NO. **: _____ **ACCOUNT NO:** _____
(The routing number requested above is printed on the lower left hand corner of your checks (the first nine digits). Example: :113000023: or :314088284: or ** obtain from bank/credit union.)**

Employee Signature _____ **Date Completed** _____

PRIVACY NOTICE

With a few exceptions, you are entitled to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

FOR ASSISTANCE CALL (210)458-4843 or (210)458-4836, SUBMIT THIS FORM TO THE DISBURSEMENTS OFFICE ALONG WITH YOUR VOIDED CHECK.

Revised 02/09/07