

(210) 458-4280

Complete online or Print neatly in Ink

Employee UT EID

Employee Name (Last Name, First Name) (Please Type)

Home Department

Contact Phone Number

Pay Frequency (required)

Semi-Monthly Monthly

Action Type

New Direct Deposit Setup

Instructions: Select only one Action Type

Current Direct Deposit Change: Change Account or Financial Institution

Cancel Direct Deposit

Notification: Requests must allow for sufficient time for processing and may not be effective for your next payroll. Late requests may result in a check being issued or Direct Deposit to an established account. We highly suggest leaving your old account open until the deposit into your new account has occurred.

Account Information	<u>Account Type:</u>	Checking	or	Savings
Financial Institution:	<input type="text"/>			
Routing Number:	<input type="text"/>			
Account Number:	<input type="text"/>			

<u>Required for all Direct Deposit requests</u>	
Tape or Staple Securely centered in this outline area	
Voided Check for Checking Direct Deposit or Copy of Account Card for Savings Direct Deposit	
Tape or Staple Securely centered in this outline area	

Authorization Agreement: I hereby authorize The University of Texas at San Antonio (UTSA) to deposit my paycheck each payday directly to the account listed above by way of Direct Deposit (Automated Clearing House (ACH) credit). This authority will remain in force until I have given written notice, or deposit service has been discontinued by UTSA's discretion. I understand that I must provide advance notice to allow reasonable time for my instructions to be executed. I understand it is my sole responsibility to verify with my financial institution the receipt of my payroll direct deposit funds. I agree to notify the Payroll Office within three (3) business days if my deposit was not received or receipt of an incorrect amount. Furthermore, if an incorrect deposit should be made into my account, I authorize my financial institution and the University of Texas at San Antonio to make appropriate adjustment(s) from my account.

Employee Signature: _____ Date _____