

Payroll/Fiscal Direct Deposit Authorization Form

For Employee Payroll, Cash Advances, Travel, Travel Advances, and Purchase Reimbursements

■ Employee Information

Name _____ Social Security Number _____

Work Phone _____ Home Phone _____

Department _____ Mail Stop _____

Preferred E-Mail Address _____

The following is to be completed by employee OR financial institution representative.

■ Payroll Direct Deposit: Initial setup Change Cancel

Bank/Credit Union: _____ Phone: _____

Address: _____

City, State, Zip Code: _____

Electronic deposit routing number: (Obtain from bank or cancelled check)	Bank account number: (Indicate account type) <input type="checkbox"/> Checking (attach void check) <input type="checkbox"/> Savings (attach copy of account number card)
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Name of person completing this section _____

Check here if you want your fiscal reimbursements deposited to the same account.

■ Reimbursements Direct Deposit (Travel & Purchases): Initial setup Change Cancel

Bank/Credit Union: _____ Phone: _____

Address: _____

City, State, Zip Code: _____

Electronic deposit routing number: (Obtain from bank or cancelled check)	Bank account number: (Indicate account type) <input type="checkbox"/> Checking (attach void check) <input type="checkbox"/> Savings (attach copy of account number card)
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Name of person completing this section _____

■ Employee Authorization

I authorize the Engineering Payroll Office and TEES Fiscal Office to deposit by electronic transfer my payroll and reimbursement amounts to the financial institution(s) and account indicated above. I acknowledge responsibility for providing complete and accurate information on this authorization form and understand that the payroll office may contact my financial institution to confirm accuracy of information. This authorization is to remain in effect until I provide written notice of cancellation. The payroll office and fiscal office reserves the right to reverse an incorrect posting; however, I fully understand that they must notify me on or before the settlement date (payday) and explain the reason for the reversal. I further understand that it will be my responsibility to contact the Engineering Payroll Office prior to making changes in my account, i.e., closing account, changing banks, etc.

Signature: _____ Date: _____

■ Attach a voided check (for checking) or a copy of account number card (for savings).

Return form to:
Engineering Budgets & Payroll Office
200 Greens Prairie Road, Room 161A
College Station, Texas 77845

Or mail form to:
Engineering Budgets & Payroll Office
TAMU 3132
College Station, TX 77843-3132

■ For assistance, call the Payroll Office at 979-458-7493.