

Direct Deposit Authorization Form

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. Contact: payroll@tamu.edu or (979) 845-2711. For Galveston, contact payroll@tamug.edu or call (409) 740-4837.

INSTRUCTIONS This form is used by employees to request direct deposit of payroll into a bank or credit union. It is the employee's responsibility to provide accurate routing and account number information. If in doubt, contact your financial institution to ensure accuracy prior to submitting this form. Please print clearly and legibly to prevent errors. **This authorization is for payroll payments only.** For direct deposit of employee reimbursements for travel and purchases, visit the FMO web site at <http://finance.tamu.edu/fmo> online.

EMPLOYEE IDENTIFICATION

Name		UIN/SSN	
Email		Home Phone	
Department	Work Phone	Mail Stop	

ACTION REQUESTED

<input type="checkbox"/> Cancel Service:	Do not complete the Financial Identification Section. Sign and Date Below.
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ACTION

REQUESTED

FINANCIAL IDENTIFICATION

<input type="checkbox"/> Initial Set-up	① Name of Bank/Credit Union	Phone
	Bank Address	
<input type="checkbox"/> Update Data	② Electronic deposit routing number (obtain from bank/credit union)	
	③ Account number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Do NOT attach a check.
Do NOT attach a deposit slip.

Refer to the example check →
for assistance in completing the
Financial Identification section.

Your Name	Check Number
Your Address	
EXAMPLE	
① Bank/Credit Union Name	
② Routing Number	③ Account Number □□
:XXXXXXXXXX :	XXXXXXXXXX □

EMPLOYEE AUTHORIZATION – PLEASE READ

I authorize Texas A&M University to deposit by electronic transfer my payroll amounts to the financial institution and account indicated above. **I acknowledge responsibility for providing complete and accurate information on this authorization form** and understand that Texas A&M may contact my financial institution to confirm accuracy of information. I also acknowledge that I will receive an electronic notification of earnings from A&M which will be an email confirming that my payroll data is available on HR Connect. *I understand that a paper retainer will not be printed and distributed for me unless I elect not to participate in this feature by checking the following box.* This authorization is to remain in effect until I provide written notice of cancellation or until my employment with A&M terminates. Texas A&M reserves the right to reverse an incorrect posting; however, I fully understand that A&M **must** notify me on or before the settlement date (payday) and explain the reason for the reversal. I further understand that if changes occur in my account, i.e., switching deposit from checking to savings, closing account, changing banks, etc. **it is my responsibility to contact Payroll Services immediately.**

Signature _____

Date _____

TAMU—SUBMIT TO:

General Services Complex, Suite 1201
MS 1261
payroll@tamu.edu
Fax (979) 845-4134

TAMUG —SUBMIT TO:

Sea Aggie Center, Bldg 3026
Suite 800, Room 807
payroll@tamug.edu
Fax (409) 740-4573

NEED HELP?

College Station--payroll@tamu.edu
979-845-2711
Galveston - payroll@tamug.edu
409-740-4837

Office Use Only

Verified	Confirmed	Entered
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