TEXAS TECH DIRECT DEPOSIT AUTHORIZATION FORM

☐ Payroll ☐ Accounts Payable ☐ Student Business Services

ID: R _____ Employee Type: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Deptartment: _____ Contact Phone #: (for verification) _____ MailStop: _____

Account 1 ☐ New Setup ☐ Change ☐ Cancellation

Bank Routing Number: _____ Account Number: _____ Account Type: _____

☐ Remaining Amount Amount or Percent: _____ _____

Account 2 ☐ New Setup ☐ Change ☐ Cancellation

Bank Routing Number: _____ Account Number: _____ Account Type: _____

☐ Remaining Amount Amount or Percent: _____ _____

Account 3 ☐ New Setup ☐ Change ☐ Cancellation

Bank Routing Number: _____ Account Number: _____ Account Type: _____

☐ Remaining Amount Amount or Percent: _____ _____

New Direct Deposit Authorization

I authorize Texas Tech University, Texas Tech Health Science Center and Texas Tech System (Texas Tech) and my financial institution to automatically deposit my payment via electronic transfer. If pay or reimbursements to which I am not entitled are deposited to my account, Texas Tech may direct my financial institution to return said funds. Should my account be closed or contain insufficient funds to allow for a deduction of the amount deposited, Texas Tech may withhold any portion of future payments until such amount is repaid. If I am no longer associated with Texas Tech and my account is closed or contains insufficient funds for this deduction, I agree to repay any amount paid to me within two (2) weeks of written notification from Texas Tech that an error was made.

NOTE: Payroll needs advance notice of cancellation or change in your bank accounts to ensure your check does not go to the wrong bank or wrong account.

New Setup, Changes of Financial Institution, Changes in Account Number, or Cancellations: You may receive a paper check for up to (1) pay period after you submit the request.

ACCOUNT CANCELLATION: Cancellation notice should be received in Payroll Services Ten (10) business days before pay day to ensure changes are made before the payroll starts processing.

Signature: _____ Date: _____

Please return this form to Payroll & Tax Services · Fax | 806-742-1589

ATTACHMENT A
HSC OP 68.01
April 30, 2024

Verification Date: _____ Method (SSN, DOB, or DL#): _____