

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

TEXAS WOMAN'S UNIVERSITY
P. O. BOX 425739
DENTON, TX 76204-5439
940-898-3561 (Office)
940-898-3566 (Fax)

Type or Print

Last Name _____ First Name _____

Position Title/Start Date _____ **OR** TWU ID _____

Date of Birth: _____

Bank Name _____	Bank Name _____
Routing Number _____	Routing Number _____
Account Number _____	Account Number _____
Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Dollar Amt. or 100% _____	Remainder _____

- ** Important Note: The employee is responsible for contacting his/her bank or financial institution to confirm the bank routing numbers and account numbers. The employee is also responsible for notifying Payroll immediately if the deposit bank changes or account numbers change.
- ** Checking and Savings accounts do not need to be at the same financial institution.

I hereby authorize the Texas Woman's University and the depository named above to initiate direct deposit (credit) entries and correction (debit) entries to the depository account listed above. This authorization will remain in effect until the Payroll Office receives written notification from me at least 30 days prior to the effective date of the termination.

Signature _____

Date _____

Department _____

Phone number _____

<i>Payroll Use Only</i>
Date Entered: _____
Initials: _____

*****PLEASE ATTACH A VOIDED PERSONALIZED CHECK (NOT A DEPOSIT SLIP) TO THIS FORM BELOW*****