

**THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS
PAYROLL AUTHORIZATION FOR DIRECT DEPOSIT OF SALARY**

Person #	Last Name	First Name	ML
Department Name and Phone Number			
Name of Financial Institution		Account Number	
Routing Number (the 9 digits at the bottom left of check)		Type of account (Check one)	
		Checking	Savings

Authorization

I authorize my employer, The University of Texas Southwestern Medical Center at Dallas and the financial institution named above to deposit my net pay by electronic transfer to my account each payday.

If amounts to which I am not entitled are deposited in my account, I authorize my employer to direct my financial institution to return them. In the event my designated account is closed or contains an insufficient balance to allow a return of funds deposited in error, I agree that my employer may withhold any amounts owing to me until such amount is repaid.

Please note that the final pay and vacation payout for terminating employees will always be paid on a check. Direct Deposit will not apply.

NEW * (to start direct deposit)

CHANGE* (to change bank accounts or to change financial institution)

*A Voided check or bank direct deposit form must be attached to verify bank routing and account numbers.

CANCELLATION (to stop direct deposit)

Signature Date

ELECTRONIC PAYROLL INQUIRIES – Your direct deposit pay information will be available on the web at address: <http://sws001.swmed.edu/InformationResources/Home> or <http://hr.swmed.edu/benefram.htm>. If you do not have electronic access to the Internet, and/or desire to receive your pay stub as a printed copy, please sign here.

Signature Date

DISCLOSURE NOTICE: Providing a Social Security Number (SSN) is voluntary. Providing your SSN or University designated person number may minimize administrative delays associated with the processing of this form. The University will not disclose an individual's SSN without the consent of the individual to anyone outside the University except as mandated by law.

Mail Completed form to Payroll, Mail Code 9018
By the 15th of the month for salaried employees
By the Friday before a payday for bi-weekly, hourly employees