



Direct Deposit Authorization

(If you need further instructions, please contact Payroll at (254) 867-4810)

Section 1 – Transaction Type	Section 2 - Campus
<input type="checkbox"/> New Setup <i>(Complete sections 2,3,4, & 5)</i> <input type="checkbox"/> Change <i>(Complete sections 2,3,4, & 5)</i> <input type="checkbox"/> Cancellation <i>(Complete sections 2,3, & 5)</i>	<input type="checkbox"/> System <input type="checkbox"/> Waco <input type="checkbox"/> Harlingen <input type="checkbox"/> West Texas <input type="checkbox"/> Marshall

Section 3 – Employee/Payee Information

Employee ID: |_|_|_|_|_|_|_|_|_|_|

Last 4 digits of SSN: |_|_|_|_|

Name:		Phone:	
Address:			
City:	State:	Zip:	

Section 4 – Financial Institution

Financial Institution 1

Financial Institution Name:		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Number:	Account Number:	Amount:	

Financial Institution 2

Financial Institution Name:		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Number:	Account Number:	Amount:	

Financial Institution 3

Financial Institution Name:		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Number:	Account Number:	Amount:	

If more Financial Institutions are needed, please use an additional form.

Section 5 – Authorization for Setup, Changes, or Cancellation

I authorize Texas State Technical College to deposit by electronic transfer payroll payments owed to me by TSTC, and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. TSTC shall deposit the payments in the financial institution(s) and account(s) designated above. I recognize that if I fail to provide complete and accurate information on the authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

Authorized Signature:	Printed Name:	Date:
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(Over)

Form must be accompanied by a voided blank check OR blank voided deposit slip for EACH account listed.

Section 6 – Voided Check(s)/Deposit Slip(s)

Jane Doe 1000 Main St. Anywhere, USA 10001	3680 Date _____
PAY TO THE ORDER OF _____ \$ <input style="width: 100px;" type="text"/>	
_____ DOLLARS	
MEMO _____ X _____	
⑆ 123456789 ⑆ ⑆ 00010000123456 ⑆ ⑆ 3680	

Routing #	Account #
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PAYROLL use only

Entered by:	Date Entered:	PreNote?
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INSTRUCTIONS FOR DIRECT DEPOSIT AUTHORIZATION FORM

Alterations must be initialed.

SECTION 1: Select the appropriate transaction type(s).

SECTION 2: Provide the Campus the employee is employed.

SECTION 3: Provide the Employee ID # and the last 4 digit of the Social Security number, name, & address.

SECTION 4: Completion by financial institution is recommended.

SECTION 5: The person authorizing the direct deposit setup must sign, print their name and date the form.

SECTION 6: A Voided Check(s) or Voided Deposit Slip(s) is recommended, but not necessary.