



LIMITED POWER OF ATTORNEY AND AUTHORIZATION FOR DIRECT DEPOSIT

Please send original to: UTMB Finance - Payroll Services 301 University Blvd - Route 0921, Galveston, TX 77555-0921

Consider Using Employee Self Service

Help with this form

EMPLOYEE NAME, SOCIAL SECURITY#, EMPLOYEE #, EMPLOYMENT STATUS, PAYDAYS ARE, HIRE DATE, DEPARTMENT OR PREFERRED PHONE #, DEPT NAME

CANCELLATION OF DIRECT DEPOSIT *
*I ELECT TO CANCEL THE AUTHORIZATION TO DEPOSIT TO MY ACCOUNT(S) BY ELECTRONIC TRANSFER OF ANY PAYMENTS OWING TO ME BY THE STATE OF TEXAS.
ACCOUNT NUMBER:
EMPLOYEE SIGNATURE DATE

Table with 6 columns: Priority, ROUTING NUMBER (9-DIGITS NORMALLY ON BOTTOM LEFT OF CHECK), SELECT CHECKING, SAVINGS, CREDIT CARD FOR EACH ACCOUNT, ACCOUNT NUMBER, PERCENT, AMOUNT, and/or BALANCE, MUST SELECT ONE ACCOUNT ONLY

PRIVACY NOTICE
With a few exceptions, you are entitled to be informed about the information U.T. Medical Branch collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information.

I hereby appoint the University of Texas Medical Branch at Galveston (UTMB) as my attorney-in-fact for the purpose of directly depositing my salary by electronic transfer and/or other means of direct deposit to the financial institution and in the account(s) designated above. This authorization and request to deposit my salary is not an assignment of my right to receive payment of my salary from the State of Texas.
I understand that UTMB reserves the right to stop making deposits of my salary by electronic transfer and/or other means of direct deposit without advanced notice.
I hereby authorize UTMB to deduct from the designated account or from my subsequent salary all amounts deposited to the account in error. In the event my designated account is closed or contains an insufficient balance to allow a deduction for amounts deposited in error, then I agree that UTMB may withhold any payments owed to me by UTMB until such amount deposited in error is repaid. I understand that my next payroll payment after submitting this request will be sent to the account(s) indicated on this form if the form was received by the payroll processing deadline.

EMPLOYEE SIGNATURE DATE

FOR OFFICE USE ONLY (Do not write below this line)
****ATTACH A VOIDED CHECK(S) / DEPOSIT SLIP(S) OR A COPY OF A VOIDED CHECK(S) / DEPOSIT SLIP(S)****