

# University of Houston-Clear Lake

## Direct Deposit Authorization

**TRANSACTION TYPE - Check the Applicable Transaction(s) and Complete the Sections Indicated.**

SECTION 1

- |   |   |   |                                |
|---|---|---|--------------------------------|
| <input type="checkbox"/> New direct deposit setup (Complete Sections 2,3 and 4) | <input type="checkbox"/> Change financial institution | } | (Complete Sections 2, 3 and 4) |
| <input type="checkbox"/> Cancellation (Complete Sections 2 and 3)               | <input type="checkbox"/> Change account number        |   |                                |
| <input type="checkbox"/> Interagency transfer (Complete Sections 2 and 3)       | <input type="checkbox"/> Change account type          |   |                                |

The next paycheck you are to receive will not go direct deposit, you are to pick up in your department.

**PAYEE IDENTIFICATION**

SECTION 2

Employee Name:   Faculty  Staff  Student Worker

Empl ID:  Department:

Address:  City:

State:  Zip Code:  Business Phone:

**AUTHORIZATION FOR SETUP, CHANGES AND CANCELLATION**

SECTION 3

Pursuant to section 403.016, Texas Government Code, I authorize the Comptroller of Public Accounts/UHCL to deposit by electronic transfer all payments owed to me by the State of Texas/UHCL. The Comptroller/UHCL shall deposit the payments in the financial institution and account designated below. I recognize that if I fail to provide complete and accurate information on this form, the processing of the form may be delayed or made impossible, or that my payment may be erroneously transferred electronically.

I authorize the Comptroller/UHCL to withdraw from the designated account or deduct from my subsequent state salary, if any, all amounts deposited electronically in error. If the designated account is closed or has an insufficient balance to allow the withdrawal, then I authorize the Comptroller/UHCL to withhold any payments owed to me by the State of Texas/UHCL until the erroneously amounts are repaid.

I recognize that my right to revoke this authorization may be limited by law. If I decide to revoke the authorization, I must contact the agency direct deposit coordinator who submitted the authorization form to the Comptroller/UHCL when I authorized payments by electronic transfer. A revocation is effective on the day the Comptroller/UHCL processes the information on the authorization form.

I consent to and agree to comply with the Comptroller's/UHCL rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed. I consent to and agree to comply with rules even if the rules conflict with this authorization form.

I authorize the Comptroller/UHCL to stop making electronic transfer to my designated account without notice to me.

\_\_\_\_\_  
Employee Signature \_\_\_\_\_  
Date

**FINANCIAL INSTITUTION**

SECTION 4

Name:  Address:

City:  State:  Zip Code:

Routing Transit Number (9 Digits):  Account Number:  Type of Account:  Checking  Savings

**Office of Human Resources-UHCL: B2537**

SECTION 5

\_\_\_\_\_  
Office of Human Resources Signature \_\_\_\_\_  
Date