

## Instructions For **MULTIPLE DIRECT DEPOSIT**

University of Houston System employees may have their paychecks direct deposited four (4) different ways. This includes checking or savings accounts at any bank or credit union that is a member of the Automated Clearing House network.

### **Step 1**

Obtain the Multiple Direct Deposit Supplemental Form from the Office of Human Resources.

**Note: The primary Direct Deposit Authorization Form must be submitted in addition to this form or must already be on file.**

### **Step 2**

For those who choose to participate in the Multiple Direct Deposit program, additional direct deposits must be a fixed dollar amount per pay period. The remaining net pay will be direct deposited to the original bank account noted on the primary Direct Deposit Authorization Form.

EXAMPLE: Net Pay = \$563.00

Multiple Direct Deposit #1	-	\$100.00 (Fixed Amount)
Multiple Direct Deposit #2	-	\$100.00 (Fixed Amount)
Multiple Direct Deposit #3	-	-0- (Fixed Amount)
Primary Direct Deposit #4	-	\$363.00 (Remaining Net Pay)

Direct deposits will be taken in this order. It will be the employee's responsibility to ensure that his/her normal pay period amount (less taxes and other deductions) will be sufficient to cover all direct deposits.

### **Step 3**

It is the employee's responsibility to verify the financial institution electronic routing information and personal account number to ensure timely deposit of funds. To avoid unnecessary delays, type or write legibly.

### **Step 4**

Return the completed Multiple Direct Deposit Supplemental Form to the Payroll Office for processing. **\*\*Note:** Once the information is received and data entered, a test of the electronic data is performed to ensure the accuracy of the transfer. If the test is successful, funds will be direct deposited as requested on the first pay cycle after a successful test.

**NOTIFY PAYROLL IMMEDIATELY OF ANY BANK ACCOUNT CHANGES!**

# University of Houston System

## Multiple Direct Deposit Supplemental Form

(The primary Direct Deposit Authorization form must be submitted in addition to this form or must already be on file.)

### PAYEE IDENTIFICATION

Social Security #	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payee Name	_____						Extension	_____
Address	_____						Dept	_____
City, State, Zip Code	_____						Phone #	_____

### FINANCIAL INSTITUTION(S) \*NOTE: Employees MUST verify information with financial institutions to ensure timely deposit of funds.

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Direct Deposit #1 (960)
	Bank Name _____ Routing Transit No. <input type="text"/>
	Acct. No. <input type="text"/> <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Amount to be Direct Deposited each Pay Period \$ _____ (MUST BE FIXED AMOUNT)

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Direct Deposit #2 (961)
	Bank Name _____ Routing Transit No. <input type="text"/>
	Acct. No. <input type="text"/> <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Amount to be Direct Deposited each Pay Period \$ _____ (MUST BE FIXED AMOUNT)

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Direct Deposit #3 (962)
	Bank Name _____ Routing Transit No. <input type="text"/>
	Acct. No. <input type="text"/> <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Amount to be Direct Deposited each Pay Period \$ _____ (MUST BE FIXED AMOUNT)

### EMPLOYEE AUTHORIZATION

As previously agreed to on the primary Direct Deposit Authorization form, I authorize UHS to deposit by electronic transfer all payments owed to me by UHS. The UHS will deposit the payments in the financial institution(s) and account(s) as designated. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or made impossible, or that my payments may be erroneously transferred electronically.

I authorize UHS to withdraw from the designated account(s) 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 UHS to withhold any payments owed to me by UHS until the erroneously deposited amounts are repaid.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DIRECT DEPOSIT COORDINATOR

Signature: \_\_\_\_\_ Date: \_\_\_\_\_