

PAYROLL USE ONLY

UNIVERSITY OF NORTH TEXAS™

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER OF SALARY

Employee Name (Please Print)	Social Security Number or Empl ID
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Authorization: **Attach a voided check **No deposit slips****

Name of Bank	Checking Account # _____
	OR
Address of Bank (City, State, Zip)	Savings Account # _____

I hereby appoint the Controller of the University of North Texas (UNT) as my agent and give him the power of attorney for the purpose of directly depositing my salary by Electronic Funds Transfer to the financial institution and to initiate credit entries in the account designated above and to credit the same to such account. This authorization and request to deposit my salary is not an assignment of my right to receive payment of my salary from the University of North Texas. I understand that by having this form submitted by the last working day of the month, it will be effective with salary earned the following month.

Example: If received by December 31, it will be effective with January earnings paid on the first working day in February.

I understand that the Controller of the University of North Texas reserves the right to stop making deposits of my salary by Electronic Funds Transfer without advance notice. I also agree that to cancel my authorization to electronically deposit my salary, a properly filled out request form must be in the Payroll Office no later than the last working day of the month to be effective with salary earned the following month. The change will affect the following month's earnings as described in the above example. I further understand that after 12 months of no payroll activity, my EFT will be removed from the system.

I hereby authorize the Controller of the University of North Texas to initiate debit entries and adjustments for any credit entries in error to my account and to debit the same to such account or to deduct 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 debit entries and adjustments to the account for amounts deposited in error, then I agree that the Controller of the University of North Texas may withhold any payments owing to me by the University of North Texas, the State of Texas, and the Teacher Retirement System of Texas until such payment deposited in error is repaid.

I hereby hold the University of North Texas, its Board of Regents and employees, harmless for any errors that might occur in the process of Electronic Funds Transfer. At no time will the University be liable for any costs or damages which might occur as a result of this Agreement and I understand that the University's sole limit of liability is for the amount of my paycheck as determined by my salary.

Employee Signature	Date
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Cancellation: (because of termination of employment or other reasons)

Name of Bank	Account Number
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I hereby cancel the authorization for Electronic Funds Transfer of my salary.
****Cancellation of EFT must be done before closing of bank account. ****

Employee Signature	Date
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PAYROLL USE ONLY				Bank Account # _____
Payroll Initial _____	Date _____	Checked by _____	Date _____	Bank Transit # _____