

Electronic Funds Transfer Agreement - Payments

(Revised 1/2013)

This form is used by employees to request direct deposit of payments into a bank or credit union. It is the employee's responsibility to provide accurate routing and account number information. If in doubt, contact your financial institution to ensure accuracy prior to submitting this form. Please print clearly and legibly to prevent errors. This form can be submitted electronically by email to **entity.vendor@untsystem.edu**.



Identification:

Name	Employee ID Number	Work Telephone Number	Employee E-mail Address
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Business Unit:

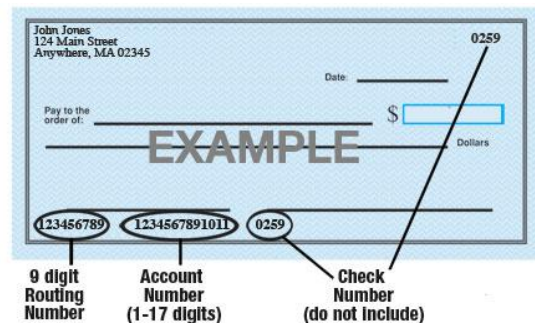
UNT
 UNT Dallas
 UNTHSC
 UNT System

Action Requested

Cancel Service Do not complete the Financial Identification Section. Sign and date below.

Action Required & Financial Identification

Action Desired	Bank/Credit Union	
	Bank Address	
Account Type	Bank Telephone	
	Routing Number	Account Number



Do NOT attach a check
Do NOT attach a deposit slip.

↑ Refer to the check example for assistance in completing the financial identification section.

I hereby authorize the Business Service Center of the University of North Texas System to directly deposit my travel or miscellaneous reimbursement by Electronic Funds Transfer to the financial institution and account listed above.

I understand that the Business Service Center of the University of North Texas System reserves the right to stop making electronic deposits of my travel or miscellaneous reimbursement by electronic Funds Transfer without advance notice. I also understand that to cancel this authorization, a properly completed cancellation request must be submitted. The cancellation will not be effective until processed.

In the event that I am reimbursed in excess of the amount to which I am entitled, as proven by my properly approved vouchers, I understand and acknowledge that I am responsible for repaying the amount of such excess reimbursement, which constitutes a debt to the University of North Texas System until reconciled. If I fail to repay the excess reimbursement within seven (7) business days after I receive written notification of such excess reimbursement, I hereby consent to having the corresponding amount of money withheld from the next payroll check I am entitled to receive from the University of North Texas System.

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

Signature