## Employee Payroll Direct Deposit Agreement Form

UNT Dallas, UNT HSC, UNT System, UNT



Employees should use this form to request direct deposit of payroll payments into the financial institution of their choice. It is the employee's responsibility to provide accurate routing and account number information. If in doubt, the employee should contact their financial institution to ensure accuracy prior to submitting this form. Print clearly and legibly to prevent errors. Please submit this completed form to our secure Fax at 940.369.5976. Employees also have the option to mail or hand deliver the form to BSC UNT System, Attn: Payroll Dept., 1112 Dallas Drive, Suite 4000, Denton, Texas 76205. \*\*\* DO NOT EMAIL THIS FORM \*\*\*

Important Note: The effective date of this change will depend on receipt of the form and the payroll processing schedule.

EMPLOYEE IN	FO AND CONTAC	T INFORMATION (a	all fields required)	
		PREFERRED		
YOUR NAME		CONTACT NUMBER		
EMP ID NUMBER		PREFERRED EMAIL ADDRESS		
	N (	ADDRESS	DO NOT ATTACH A CHECK OF DE	POSIT SUID
INTERNATIONAL PAYMENTS VERIFICATION	DO NOT ATTACH A CHECK OR DEPOSIT SLIP.			
Will these payments be forwarded to a financial institution outside the United States?			123456781: 123456789" 0101	
YES	NO			
		Routing/Transit # (A 9-digit number always be these two marks)	Checking Account #	Check # (this number matches the number in the upper right corner of the
				check – not needed for sign-up)
	Check One	REQUESTED	Check One	
	CANCEI	_/STOP	Checking	
Account #1	NEW SE	TUP	Savings	
	CHANG	E		
FINANCIAL INSTITUTION				]
				Total from both
ROUTING TRANSIT # - 9 digits				accounts must = 100%
ACCOUNT# 1 - 17 digits				/0
	CANCE	L/STOP	Check One Checking	
Account #2	NEW S	•	Savings	
	CHANG	GE		
FINANCIAL INSTITUTION	1			
ROUTING TRANSIT # - 9 digits	3			Total from both accounts must = 100%
ACCOUNT# 1 - 17 digits	s			%
ELECTRONIC FUNDS TRANSFER OF WAGES EARNED AGREEMENT				
I hereby appoint the Director of Payroll of the Univ	ersity of North Texas			
of depositing my wages earned via electronic funds transfer to the financial institution and into the account I have designated above.  I understand that the Director of Payroll of the University of North Texas System reserves the right to stop my electronic funds transfer of wages earned at any time without advance notice and issue a check to me on the regular payroll or next supplemental payroll if any is due to me.				
I hereby authorize the Director of Payroll of the University of North Texas System to deduct from the above designated account or from my subsequent salary all amounts transferred to the account in error or overpaid due to my not working the required hours in the pay period that				
subsequent salary an amount stansieried to the account of overpland due to my not working the required notes in the pay period that the transfer covers. In the event my account designated above is closed or contains insufficient funds to allow a deduction for amounts transferred in error or overpaid due to my not working the required hours in the pay period that the transfer covers, I further agree that the University of North Texas System may withhold from any payments owed to me by the University, the State of Texas and/or the Teacher Retirement System of Texas until all amounts overpaid to me are recovered in full.				
I also agree that I will repay in full all amounts that are overpaid into the above designated account on receipt of a written notice from the Director of Payroll. If I do not repay the amount within ten days, I understand it may be turned over to the Attorney General of Texas for collection.				
I hold harmless the University of North Texas System, its Board of Regents, and employees for any errors that may occur in the process of electronic funds transfer of my wages earned. At no time will the University of North Texas System be liable for any costs or damages which might occur as a result of electronic funds transfer of my wages earned. The University of North Texas System's sole limit of liability is for the amount of my actual wages earned as determined by my salary and the time I worked during the pay period.				
Employee Signature		Date		