

**UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

New Enrollment

Change

Discontinue

Employee Name	Employee ID (Required)
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Please Note that a deposit ticket or a voided check must be attached for each account listed.

Bank/Credit Union	ACH/Routing Number	Account Number
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Checking

Savings

Flat Dollar Amount
\$

OR

Percentage
%

Bank/Credit Union	ACH/Routing Number	Account Number
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Checking

Savings

Flat Dollar Amount
\$

OR

Percentage
%

Bank/Credit Union	ACH/Routing Number	Account Number
-------------------	--------------------	----------------

Checking

Savings

Flat Dollar Amount
\$

OR

Percentage
%

Bank/Credit Union	ACH/Routing Number	Account Number
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Checking

Savings

I (we) authorized The University of Texas Health Science Center at Houston to credit my (our) account with the depository named above. If UTHSC-H erroneously deposits funds into my (our) account, I (we) authorize the necessary debit entries, not to exceed the total of original credits. The authorization will remain in effect until UTHSC-H has received written notification from me (or either of us) that it is to be discontinued in such time and manner for the University to act on it. In the event one or more of your accounts is inactive causing your funds to be rejected and returned by the bank, the rejected portion will be deposited to one of your active accounts and you will be notified of this action in writing. Additional information regarding UTHSC-H direct deposit is available at: <http://payroll.hsc.uth.tmc.edu/directde.html> . Fax form to (713) 500-3700.

Address	City	State	Zip Code	Work Number
Signature				Date