



Treasury Management
UCT 901
Phone: 713-500- 4944
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TreasurMgmt@uth.tmc.edu

The University of Texas Health Science Center at Houston

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

New Enrollment Change Discontinue

Employee/Student Name: _____

Employee/Student Identification Number: _____

Account Information:

Depository Institution Name: _____

Depository Institution Type: Bank Credit Union Savings and Loan

Transit/ABA Number: _____

Account Number: _____

Type of Account: Checking Account
 Savings Account

A VOIDED CHECK (NOT DEPOSIT SLIP) MUST BE ATTACHED FOR THE ACCOUNT LISTED ABOVE.

Direct Deposit Authorization:

I, the undersigned, authorize The University of Texas Health Science Center at Houston to credit my account with the depository institution named above. If The University of Texas Health Science Center at Houston erroneously deposits funds into my account, I authorize the necessary debit(s), not to exceed the total of the original amount credited.

The authorization will remain in effect until The University of Texas Health Science Center at Houston has received written notification from me that it is to be discontinued, allowing sufficient time for the University to act on it.

Name: _____

University E-mail Address (required for automated notification): _____

Telephone Number: _____

Signature: _____

**Return completed authorization agreement to Treasury Management.
Allow at least 48 hours for Treasury Management to process.**