

# Texas A&M International University

## Direct Deposit Authorization

*With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.*

Complete and return this form with a voided check for checking account deposits or a deposit slip for savings account deposits to the Office of Human Resources. (Please print or type.)

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Employee name

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UIN

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Department

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Office telephone number

Will these payments be forwarded to a financial institution outside the United States?  Yes  No

Action requested:

Initial setup  Change  Cancel

Indicate account type:

Checking account  Savings account

Attach a voided check for checking account deposits or a deposit slip for savings account deposits here.

If you do not provide a voided check or deposit slip, you must complete this section.

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Name of bank/credit union

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Routing number

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Account number

### EMPLOYEE AUTHORIZATION

Pursuant to Section 403.016, Texas Government Code, I authorize Texas A&M International University (TAMIU) to deposit by electronic transfer my payroll amounts to the financial institutional and account indicated above. **I acknowledge responsibility for providing complete and accurate information on this authorization form** and understand that TAMIU may contact my financial institutional to confirm accuracy of information. I also acknowledge that I will receive an electronic notification of earnings from TAMIU which will be an email confirming that my payroll data is available on HR Connect. I understand that a paper paystub will not be printed and distributed to me. This authorization is to remain in effect until I provide written notice of cancellation or until my employment with TAMIU terminates. TAMIU reserves the right to reverse an incorrect posting; however, I fully understand that TAMIU must notify me on or before the settlement date (payday) and explain the reason for the reversal. I further understand that if changes occur in my account (i.e., switching deposit from checking to savings, closing account, changing banks, etc.), **it is my responsibility to contact the HR Office immediately.**

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Signature

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Signature Date

**EXEMPTION – I claim exemption and request payment by check because:**

- I am unable to establish a qualifying account at a financial institution.  
 I certify that payment by direct deposit would be impractical and/or more costly to me than payment by check.

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Signature

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Signature Date