utmb Health

LIMITED POWER OF ATTORNEY AND AUTHORIZATION FOR DIRECT DEPOSIT

Please send original to: UTMB Finance - Payroll Services 301 University Blvd - Route 0921, Galveston, TX 77555-0921

Consider Using Employee Self Service Help with this form

EMPLOYEE NAME	SOCIAL SECURITY# (PLEASE ENTER LAST 4-DIGITS)	EMPLOYEE #
	X X X - X X -	

EMPLOYMENT STATUS		PAYDAYS ARE:	HIRE DATE	DEPARTMENT OR PREFERRED PHONE #		DEPT NAME
☐ NEW HIRE	☐ CURRENT EMPLOYEE	☐ BIWEEKLY		PREFFERRED PHONE#:		
☐ REHIRE	☐ OTHER	☐ MONTHLY		DEPT PHONE # :		

CANCELLATION OF DIRECT DEPOSIT *

***I ELECT TO CANCEL THE AUTHORIZATION TO DEPOSIT TO MY ACCOUNT(S) BY ELECTRONIC TRANSFER OF ANY PAYMENTS OWING TO ME BY THE STATE OF TEXAS.**

ACCOUNT NUMBER: _____

ACCOUNT NUMBER: _____

ACCOUNT NUMBER: _____

ACCOUNT NUMBER: _____

EMPLOYEE SIGNATURE DATE

AUTHORIZATION FOR NEW DIRECT DEPOSIT **

Priority	ROUTING NUMBER (9-DIGITS NORMALLY ON BOTTOM LEFT OF CHECK)	SELECT CHECKING OR SAVINGS FOR EACH ACCOUNT	ACCOUNT NUMBER	PERCENT OR AMOUNT	Select only one for A/P Check:
#1		☐ CHECKING ☐ SAVINGS ☐ CREDIT CARD			☐ Travel & Expense Reimbursement
#2		☐ CHECKING ☐ SAVINGS ☐ CREDIT CARD			☐ Travel & Expense Reimbursement
#3		☐ CHECKING ☐ SAVINGS ☐ CREDIT CARD			☐ Travel & Expense Reimbursement
#4		☐ CHECKING ☐ SAVINGS ☐ CREDIT CARD			☐ Travel & Expense Reimbursement

INTERNATIONAL PAYMENTS VERIFICATION

Will these payments be forwarded to a financial institution outside the United States? If you indicate "Yes", you are required under federal and state law to complete the form located here: ACH (Direct Deposit) Payment Destination Confirmation

If you are unable to access this link, please request an email or hard copy version of this form at Payroll.Services@utmb.edu or call (409) 747-8078.

☐ **YES**

☐ **NO**

PRIVACY NOTICE

With a few exceptions, you are entitled to be informed about the information U.T. Medical Branch collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. Medical Branch correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System UTS 139. The information that U.T. Medical Branch collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

I hereby appoint the University of Texas Medical Branch at Galveston (UTMB) as my attorney-in-fact for the purpose of directly depositing my salary by electronic transfer and/or other means of direct deposit to the financial institution and in the account(s) designated above. This authorization and request to deposit my salary is not an assignment of my right to receive payment of my salary from the State of Texas.

I understand that UTMB reserves the right to stop making deposits of my salary by electronic transfer and/or other means of direct deposit without advanced notice.

I hereby authorize UTMB to deduct from the designated account or from my subsequent salary all amounts deposited to the account in error. In the event my designated account is closed or contains an insufficient balance to allow a deduction for amounts deposited in error, then I agree that UTMB may withhold any payments owed to me by UTMB until such amount deposited in error is repaid.

I understand that my request must be updated in the system prior to the payroll processing deadlines in order for payment to be received via direct deposit. If I fail to submit my request in accordance with the payroll processing deadline, my next payroll payment will be in the form of a physical check.

EMPLOYEE SIGNATURE DATE

FOR OFFICE USE ONLY (Do not write below this line)

******ATTACH A VOIDED CHECK(S) / DEPOSIT SLIP(S) OR A COPY OF A VOIDED CHECK(S) / DEPOSIT SLIP(S)******

Please submit a scanned copy of the form to Payroll.Services @utmb.edu or fax copy to (409) 747 -7904. Thanks