

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 INFO AND CONTACT INFORMATION (all fields required)			
YOUR NAME		PREFERRED CONTACT NUMBER	
EMP ID NUMBER		PREFERRED EMAIL ADDRESS	

INTERNATIONAL PAYMENTS VERIFICATION (required)

Will these payments be forwarded to a financial institution outside the United States?

☐ YES ☐ NO

DO NOT ATTACH A CHECK OR DEPOSIT SLIP.

Memo

1: 0123456781: 123456789" 0101

Routing/Transit #
(A 9-digit number always between these two marks)

Checking Account #

Check #
(this number matches the number in the upper right corner of the check - not needed for sign-up)

ACTIONS REQUESTED

Account #1	Check One	<input type="checkbox"/> CANCEL/STOP	Check One	<input type="checkbox"/> Checking
		<input type="checkbox"/> NEW SETUP		<input type="checkbox"/> Savings
		<input type="checkbox"/> CHANGE		
FINANCIAL INSTITUTION				
ROUTING TRANSIT # - 9 digits		Total from both accounts must = 100%		
ACCOUNT # 1 - 17 digits		%		
Account #2	Check One	<input type="checkbox"/> CANCEL/STOP	Check One	<input type="checkbox"/> Checking
		<input type="checkbox"/> NEW SETUP		<input type="checkbox"/> Savings
		<input type="checkbox"/> CHANGE		
FINANCIAL INSTITUTION				
ROUTING TRANSIT # - 9 digits		Total from both accounts must = 100%		
ACCOUNT # 1 - 17 digits		%		

ELECTRONIC FUNDS TRANSFER OF WAGES EARNED AGREEMENT

I hereby appoint the Director of Payroll of the University of North Texas System as my agent and give him/her power of attorney for the purpose 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 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 _____

UNT System Controller's Office * Payroll Department * 1112 Dallas Drive, Suite 4000, Denton, Texas 76205
Fax Forms to a Secure Fax to 940-369-5976 * For Questions Contact: UNT System Business Support Services * Phone 940.369.5500