



# Sam Houston State University

Payroll Office/Disbursement and Travel Services - PO Box 2095 - Huntsville, TX 77341 - 936.294.1273

## Direct Deposit Authorization

This form may be used by SHSU employees to receive payments from SHSU by direct deposit or to change/cancel existing direct deposit information.

### Transaction Type (See reverse side of form for section details.)

Section 1	<input type="checkbox"/> Payroll and Disb/Travel (Sections 2, 3/4, 5, 6 and 7)	<input type="checkbox"/> Change account type (Sections 2, 3/4, 5, 6 and 7)
	<input type="checkbox"/> Change financial institution (Sections 2, 3/4, 5, 6 and 7)	<input type="checkbox"/> Cancellation/Decline DD (Sections 2, 7 and 8)
	<input type="checkbox"/> Change account number (Sections 2, 3/4, 5, 6 and 7)	<input type="checkbox"/> Disbursement/Travel Only (Section 2, 5, 6 and 7)

### Employee Information

Section 2	Name	Eff Date
	Sam ID	Dept Name
	Phone #	Email

### New Account Information (Setups and Changes - Two designations allowed)

Section 3	Financial Institution Name		City/State
	Routing Number (9 digits)	Account Number (max 17 characters)	Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/>
	Priority (order of distribution) <b>1</b>	Amount (or) \$	Percentage: %

### Second Account Information (Setups and Changes)

Section 4	Financial Institution Name		City/State
	Routing Number (9 digits)	Account Number (max 17 characters)	Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/>
	Priority (order of distribution) <b>2</b>	Amount (or) -----Not applicable -----	Percentage (must be 100% for total remainder) 100%

### Disbursements and Travel Services (Setup and Changes - only one designation allowed)

Section 5	Financial Institution Name		City/State
	Routing Number (9 digits)	Account Number (max 17 characters)	Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/>

### International Payments Verification (Required)

Section 6	Will these payments be forwarded to a financial institution outside the United States? Yes <input type="checkbox"/>
	<i>If "YES", also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227) available from the Payroll Office.</i>

### Authorization for Setup, Changes, Cancellation/Decline (where applicable)

Section 7	I certify that the information I have provided above is correct and that I am an authorized signer or designate of the account provided for direct deposit transactions and am entitled to provide this authorization. I hereby authorize Sam Houston State University (SHSU) to initiate credit entries to the account(s)/financial institution(s) listed above for the purposes indicated. I further authorize adjusting entries (reversals) to correct errors, if any. This authorization is to remain in full force and effect until SHSU has received written notification from me of its termination in such time and in such manner as to afford SHSU and the depository bank(s) a reasonable opportunity to act upon it.		
	<b>SIGN HERE</b>	Authorized Signature	Printed Name

### Cancel or Decline Direct Deposit

Section 8	Check the appropriate box:	Cancel: Payroll 1 <input type="checkbox"/> Payroll 2 <input type="checkbox"/> Disb/Travel <input type="checkbox"/>	DECLINE Dir Dep <input type="checkbox"/>
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## Instructions for Direct Deposit Authorization

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. To request information for review or to request error correction, use the contact information on this form.

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### Section 1: Transaction Type

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Select the appropriate transaction type(s).

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### Section 2: Employee Information

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Complete the information required - your name, Sam ID number, phone number where you can easily be reached, the effective date of the addition or change, your department name and your campus email address.

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### Section 3: New Account Information

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Complete the information required - each item must be provided to assure proper distribution of your funds. Financial Institution Name (bank or other), the city and state your account is based in, routing number from your check\*, account number from your check, account type, priority order (order that money is distributed), the amount (if a specific amount is desired) OR percentage to be applied to the account indicated.

\* IMPORTANT - Your direct deposit routing/account information *may* be different from the information printed on your checks. It is recommended that you contact your financial institution to confirm your direct deposit information for this document. **Please attach a cancelled check or bank document for verification.**

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### Section 4: Second Account Information

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As instructed above in section 3, please complete all information required. This second account is an OPTION and must be 100% of the remaining balance of your payment.

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### Section 5: Disbursements and Travel Services

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As instructed above in section 3, please complete all information required. Only one bank designation is offered.

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### Section 6: International Payments Verification

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Check "YES" to indicate if direct deposit payments to the account information designated in Sections 3, 4 or 5 of this form will be forwarded to a financial institution outside the United States. If "YES", also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227) available from the Payroll Office.

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### Section 7: Authorization for Setup, Changes, Cancellation/Decline

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Must be completed in its entirety and no alterations to the authorization language will be accepted.

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### Section 8: Cancel/Decline Direct Deposit

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Complete if cancelling one or more of the designations in Sections 3,4 or 5 or declining Direct Deposit as an initial option for payroll purposes. Check the appropriate box if items are being cancelled.