



# Sam Houston State University

*A Member of The Texas State University System*

Payroll Office  
PO Box 2027  
Huntsville, TX 77341  
936/294-1094

## Authorization Agreement for Direct Deposits (ACH Credits)

**Please complete and return signed/dated original to the Payroll Office.  
We cannot accept faxed or copied forms.**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Effective Payroll Date

\_\_\_\_\_  
Sam ID or Social Security Number

\_\_\_\_\_  
Department

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
I hereby request that SHSU Direct Deposit my net earnings to the account information indicated below.

\_\_\_\_\_  
I hereby request that SHSU change my current Direct Deposit information to the account information indicated below.

\_\_\_\_\_  
Bank/Credit Union Name

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Bank Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Electronic Deposit Routing Number

\_\_\_\_\_  
Account Number

**Type of Account:**     Checking     Savings

I hereby authorize Sam Houston State University (SHSU), to initiate credit entries for Payroll to my account indicated above and the financial institution named above (Depository), to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

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 DEPOSITORY a reasonable opportunity to act on it.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
I do not wish to take advantage of Direct Deposit at this time and request a printed check each payday.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**