



## AUTOMATIC DIRECT DEPOSIT AGREEMENT

With few exceptions, you are entitled on your request to be informed about the information U.T. Dallas collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Sections 559.004 of the Texas Government Code, you are entitled to have U.T. Dallas 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 Business Procedures Memorandum 32. The information that U.T. Dallas 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.

### EMPLOYEE BUSINESS EXPENSE / TRAVEL REIMBURSEMENT

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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Mail Station

\_\_\_\_\_  
Extension

I authorize The University of Texas at Dallas to deposit by electronic transfer payments owed to me by U.T. Dallas and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. The University of Texas at Dallas shall deposit the payments in the financial institution and account designated below. I recognize that if I fail to provide the complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

Bank or Institution Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Transit/ABA No: \_\_\_\_\_

**YOU MUST ATTACH A VOIDED CHECK FOR CHECKING ACCOUNT;  
FOR OTHER ACCOUNTS, CONTACT YOUR INSTITUTION FOR CORRECT ROUTING NUMBER.**

***Please indicate type of account and provide account number below. (Note: only one account can be selected)***

Checking Account No. \_\_\_\_\_

Savings Account No. \_\_\_\_\_

This authority is to remain in full force and effect until Procurement Management has received written notification from me of its termination in such time and in such manner as to afford the department and Depository a reasonable opportunity to act on it.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

***When completed, send this form to Procurement Management, AD 34, Attn: Accts Payable***