

UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER AT FORT WORTH
AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER OF WAGES

(PRINTED NAME)

(SOCIAL SECURITY NUMBER)

CHECK ONLY ONE OF THE TRANSACTIONS BELOW:

- I authorize the University of North Texas Health Science Center to deposit my wages earned into the account I have indicated via electronic funds transfer on each payday. This excludes Supplemental paydays.
- I wish to make changes to my account in which my wages earned are being electronically deposited as indicated on this form.
- I wish to Cancel the electronic funds transfer of my wages and begin receiving a check instead.

*****I understand that I may receive a check before the direct deposit is in effect*****

COMPLETE BOTH LINES AND ATTACH A VOID CHECK FROM THIS ACCOUNT:

(Name of Institution Where Wages Are To Be Deposited)

(Account Number For Wages To Be Deposited)

CHECK ONLY ONE TYPE OF ACCOUNT BELOW:

- CHECKING ACCOUNT
- SAVING ACCOUNT

ELECTRONIC FUNDS TRANSFER OF WAGES EARNED AGREEMENT:

I hereby appoint the Director of Payroll of the University of North Texas Health Science Center at Fort Worth 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 Health Science Center at Fort Worth reserves the right to stop my electronic funds transfer of wages earned at any time without advance notice and that a check will be issued to me on the next supplemental payroll if any is due to me.

I hereby authorize the Director of Payroll of the University of North Texas Health Science Center at Fort Worth to deduct from the above designated account or from my subsequent salary all amounts transferred to the account in error or 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 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 Health Science Center at Fort Worth 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 by electronic funds transfer into the above designated account on demand by means of a written notice from the Director of Payroll. If I do not repay the amount within ten days, it can be turned over to the Attorney General of Texas for collection.

Finally, the University of North Texas Health Science Center at Fort Worth, its Board of Regents and employees shall be harmless for any errors that may occur in the process of electronic funds transfer of my wages earned. At no time will the University be liable for any costs or damages which might occur as a result of electronic funds transfer of my wages earned. The University'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.

PLEASE SIGN AND DATE THE AGREEMENT:

(Employee Signature)

(Date Authorized)

FOR PAYROLL USE ONLY

PRE-NOTE DATE: _____ **DIRECT DEPOSIT DATE:** _____

FOR CHANGES IN DIRECT DEPOSIT STATUS ONLY: A check will be received on: _____