



University of Houston-Downtown

Multiple Direct Deposit Supplemental Form

(The primary Direct Deposit Authorization Form must be submitted in addition to this form or must already be on file.)

EMPLOYEE IDENTIFICATION

Employee ID#:	<input type="text"/>	Employee Name:	<input type="text"/>
Street Address:	<input type="text"/>		
City, State, Zip Code:	<input type="text"/>	Mobile Phone #:	<input type="text"/>

FINANCIAL INSTITUTION(S): **Employees MUST verify information with financial institutions to ensure timely deposit of funds.** *(Please attach a voided check or signed statement from institution detailing routing information for each account that will receive funds electronically.)*

Direct Deposit #1 (960)			
<input type="checkbox"/> Add	Bank Name:	<input type="text"/>	Routing Transit No. <input type="text"/>
<input type="checkbox"/> Change	Account No.	<input type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/> Cancel	Amount to be Direct Deposited each Pay Period:	<input type="text"/>	(MUST BE FIXED AMOUNT)

Direct Deposit #2 (961)			
<input type="checkbox"/> Add	Bank Name:	<input type="text"/>	Routing Transit No. <input type="text"/>
<input type="checkbox"/> Change	Account No.	<input type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/> Cancel	Amount to be Direct Deposited each Pay Period:	<input type="text"/>	(MUST BE FIXED AMOUNT)

Direct Deposit #3 (962)			
<input type="checkbox"/> Add	Bank Name:	<input type="text"/>	Routing Transit No. <input type="text"/>
<input type="checkbox"/> Change	Account No.	<input type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/> Cancel	Amount to be Direct Deposited each Pay Period:	<input type="text"/>	(MUST BE FIXED AMOUNT)

EMPLOYEE AUTHORIZATION

As previously agreed to on the primary Direct Deposit Authorization form, I authorize UHD to deposit by electronic transfer all payments owed to me by UHD. UHD will deposit the payments in the financial institution(s) and account(s) as designated. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or made impossible, or that my payments may be erroneously transferred electronically.

I authorize UHD to withdraw from the designated account(s) or deduct from my subsequent salary, if any, all amounts deposited electronically in error. If the designated account is closed or has an insufficient balance to allow the withdrawal, then I authorize UHD to withhold any payments owed to me by UHD until the erroneously deposited amounts are repaid.

Signature: _____

Date:

-- For Payroll Department Office Use --

Processed by: _____

Date: