



LIMITED POWER OF ATTORNEY AND AUTHORIZATION FOR DIRECT DEPOSIT

Please send original to: UTMB Finance - Payroll Services 301 University Blvd - Route 0921, Galveston, TX 77555-0921

Consider Using Employee Self Service

Help with this form

EMPLOYEE NAME, SOCIAL SECURITY#, EMPLOYEE #, EMPLOYMENT STATUS, PAYDAYS ARE, HIRE DATE, DEPARTMENT OR PREFERRED PHONE #, DEPT NAME

CANCELLATION OF DIRECT DEPOSIT * I ELECT TO CANCEL THE AUTHORIZATION TO DEPOSIT TO MY ACCOUNT(S) BY ELECTRONIC TRANSFER OF ANY PAYMENTS OWING TO ME BY THE STATE OF TEXAS. ACCOUNT NUMBER: EMPLOYEE SIGNATURE DATE

Table with 5 columns: Priority, ROUTING NUMBER (9-DIGITS NORMALLY ON BOTTOM LEFT OF CHECK), SELECT CHECKING OR SAVINGS FOR EACH ACCOUNT, ACCOUNT NUMBER, PERCENT OR AMOUNT, Select only one for A/P Check. Rows #1 to #4.

INTERNATIONAL PAYMENTS VERIFICATION Will these payments be forwarded to a financial institution outside the United States? YES NO

PRIVACY NOTICE With a few exceptions, you are entitled to be informed about the information U.T. Medical Branch collects about you.

I hereby appoint the University of Texas Medical Branch at Galveston (UTMB) as my attorney-in-fact for the purpose of directly depositing my salary by electronic transfer and/or other means of direct deposit to the financial institution and in the account(s) designated above.

EMPLOYEE SIGNATURE DATE

FOR OFFICE USE ONLY (Do not write below this line) ****ATTACH A VOIDED CHECK(S) / DEPOSIT SLIP(S) OR A COPY OF A VOIDED CHECK(S) / DEPOSIT SLIP(S)****