utmb Health					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																
				Co				_			ınce - I	ice - Payroll Services 301 University Blvd - Route 0921, Galveston, TX Help with this form								TX 77555-	-0921
Consider Using Employee Self Service EMPLOYEE NAME									<u>cc</u>	SOCIAL SEC				CURITY# (PLEASE ENTER LAST 4-DIG					S)	EMPLOYEE#	
											X	X	X	-	X	X	-				
EMPLOYMENT STATUS PAYDAYS ARE:										HIRE DATE			DEI	PARTM	ENT O	R PREFE	RRED	PHONE #		DEPT NAME	
	NEW H	CURRENT											PREFFERRED PHONE#:								
	REHIRI										L	DEPT PHONE #:									
CANCELLATION OF DIRECT DEPOSIT *  *I ELECT TO CANCEL THE AUTHORIZATION TO DEPOSIT TO MY ACCOUNT(S) BY ELECTRONIC TRANSFER OF ANY PAYMENTS OWING '															ENTS OWING TO						
ME BY THE STATE OF TEXAS.  ACCOUNT NUMBER:																					
																		-			
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		EMF	PLOYI	EE SIGN	IATUI	RE				DA	ATE										
	AUTHORIZATION FOR NEW DIRECT DEPOSIT **																				
Priority	RO	KULLING NUMBER (9-DIGTES NURMALLY ON								LECT CHECKING OR AVINGS FOR EACH ACCOUNT				ACCOUNT NUMBER				CENT OR MOUNT	Select	t only one for A/P Check:	
<i>u</i> 1											CHECKING								Travel & Expense		
#1											SAVINGS CREDIT CARD									Reimbursement	
#2											CHECKING SAVINGS										Travel & Expense Reimbursement
							_		_			DIT C		II-						╀	
#3											CHE	CKINO NGS	3								Travel & Expense Reimbursement
							$\rightarrow$		_			DIT CA		-						_	
#4											SAVI	CKINO NGS DIT CA									Travel & Expense Reimbursement
		INTERNA							DNAT				re v	FDIFIC	TATION	J					
	Will th	ese pa	vment	s be forwa	arded t	o a fir	ancial	institut													YES
		•	•	ral and sta									•				estination	Confirm	nation_		125
	•		If y	ou are un	able to	acces	s this li	ink, ple	ase requ	iest an e	email o	r hard	copy ve	rsion	of this	form at	Payroll.So	ervices (	@utmb.edu		
			or c	all (409) 7	747-80′	78.															NO
PRIVACY NOTICE  With a few exceptions, you are entitled to be informed about the information U.T. Medical Branch collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. Medical Branch 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 UTS 139. The information that U.T. Medical Branch 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.																					
								•	,							-					eans of direct deposit om the State of Texas.
I underst	and that	UTMB	reserve	s the right	to stop	making	deposit	ts of my	salary by	electroni	ic transf	er and/o	r other r	neans	of direct	deposit w	vithout adva	nced noti	ce.		
																			ignated acco		ed or contains an repaid.
				ust be upda next payrol		-				-		es in ord	er for pa	yment	t to be rec	ceived via	direct depo	sit. If I fa	il to submit n	ny request i	n accordance with the
		EMF	PLOYI	EE SIGN	ATUI	RE												D	ATE		
								FO	R OFFI	CE US	E ONI	LY (Do	not w	rite b	elow th	is line)					
			****	ATTACI	H A V	OIDE	D CHE	ECK(S)	/ DEPO	OSIT S	LIP(S)	OR A	COPY	OF	A VOII	DED CH	HECK(S)	DEPO	SIT SLIP	(S)****	