



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Authorization Agreement

I hereby authorize **Concordia University Texas** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Concordia University Texas** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Concordia University Texas** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Concordia University Texas** receives a written notice of cancellation from me or my financial institution, or until I change the direct deposit information through [MyInfo](#).

Account Information

You may elect up to two (2) banks and/ or accounts to directly deposit your check. If you select more than one (1) bank/ account, please specify the dollar amount for the initial and remaining balance deposits. **Please print clearly.**

Name Financial Institution	Routing # (9 digits)	Account #	Account Type	Monthly Amount
1.	#	#	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$ _____ <input type="checkbox"/> All pay
2.	#	#	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$ _____ <input type="checkbox"/> Remaining

OR

- I, the undersigned employee, am unable to set up or utilize direct deposit because I do not have a bank account. I request to be paid by paper check for future payroll payments. I understand that if for any reason my payroll check is lost, destroyed or not delivered through the mail for any reason; it is my responsibility to notify the payroll office so a stop payment may be issued and a replacement check may be issued pursuant to payroll guidelines.

Accounts Payable & Travel Reimbursement Election

- By checking this box, I authorize **Concordia University Texas** to remit travel and other expense reimbursements using the direct deposit information above. I understand I am responsible for making changes to my bank account information through [MyInfo](#). I understand that I can revoke permission for direct deposit of reimbursement expenses at any time by contacting [Accounts Payable](#)

Signature

I understand the agreement and agree to its terms. My banking information is attached.

Employee Signature: _____ Date: _____

Please attach a voided check or deposit slip and return this form to Human Resources