

ANGELO STATE UNIVERSITY
Payroll Services Office

For ASU Use Only

CID	

DIRECT DEPOSIT AUTHORIZATION

Under Ch. 559, Government Code, you are entitled to review, request, and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code.

INSTRUCTIONS

- Use only BLUE or BLACK ink.
- Check all appropriate box(es).
- Alterations must be initialed.
- **See further instructions on reverse side.**

TRANSACTION TYPE

SECTION 1	<input type="checkbox"/> New Setup (Sections 2, 3, & 4)	<input type="checkbox"/> Change financial institution (Sections 2, 3, & 4)
	<input type="checkbox"/> Cancellation (Sections 2 & 3)	<input type="checkbox"/> Change account number (Sections 2, 3, & 4)
		<input type="checkbox"/> Change account type (Sections 2, 3, & 4)

PAYEE IDENTIFICATION

SECTION 2	1. Social Security number or Federal Employer's Identification (FEI) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		2. Mail code (If not known, will be completed by Paying State Agency) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	3. Name			
	4. Business phone number ()		5. E-Mail Address	
	6. Mailing address		7. City	8. State

AUTHORIZATION FOR SETUP, CHANGES, OR CANCELLATION

SECTION 3	10. Pursuant to Section 403.016, Texas Government Code, I authorize Angelo State University to deposit by electronic transfer payments owed to me by the State of Texas and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. Angelo State University shall deposit the payments in the financial institution and account designated below. 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 that my payments may be erroneously transferred electronically.		
	I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and Angelo State University's rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed.		
	I understand that a new direct deposit setup and any subsequent changes as indicated in section 1 above are subject to a pre-note processing period in which the first paycheck after this authorization form is processed, will be issued to me manually (manual checks may be picked up on payday at the Student Accounts Office located in room Ad100 in the University Administration Bldg.).		
	11. Authorized signature	12. Printed name	13. Date

FINANCIAL INSTITUTION (Completion by financial institution is recommended.)

SECTION 4	14. Financial institution name		15. City	16. State
	17. Routing transit number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/>	18. Customer account number (Dashes required () YES) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		19. Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	20. Representative name (Please print)		21. Title	
	22. Representative signature (Optional)		23. Phone number ()	24. Date

DECLARATION TO NOT AUTHORIZE DIRECT DEPOSIT

SEC. 5	If you choose not to enroll in direct deposit, complete the following: <input type="checkbox"/> I choose not to enroll in direct deposit.		
	25. Authorized signature	26. Printed name	27. Date

CANCELLATION BY AGENCY

SEC. 6	28. Reason		29. Date

PAYING STATE AGENCY

SECTION 6	30. Signature		31. Printed name	
	32. Agency name		33. Agency number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	34. Comments		35. Phone number ()	36. Date

For additional information or assistance, please contact the ASU Payroll Services Office at 325-942-2727.

INSTRUCTIONS FOR DIRECT DEPOSIT AUTHORIZATION

SECTION 1: Check the appropriate box(es)

- **NEW SETUP** - If payee is not currently on direct deposit with Angelo State University.
 - a. Complete Sections 2, 3, & 4.
 - b. Section 4 is recommended to be completed by financial institution.
- **CANCELLATION** - If payee wishes to stop direct deposit with ASU.
 - a. Payee completes Section 2 & 3.
- **CHANGE FINANCIAL INSTITUTION**
 - a. Payee completes Sections 2, 3, & 4.
 - b. Section 4 is recommended to be completed by financial institution.
- **CHANGE ACCOUNT NUMBER**
 - a. Payee completes Sections 2, 3, & 4.
 - b. Section 4 is recommended to be completed by financial institution.
- **CHANGE ACCOUNT TYPE**
 - a. Payee completes Sections 2, 3, & 4.
 - b. Section 4 is recommended to be completed by financial institution.

SECTION 2: PAYEE IDENTIFICATION

- Item 1** Leave the boxes blank if you do not have your 11-digit Texas Identification Number. The paying state agency will provide the information in the boxes. Enter your 9-digit Social Security number or your Federal Employer's Identification (FEI) number.
- Item 2** If your 3-digit mail code address identifier is not known, it will be assigned by the paying state agency.

SECTION 3: AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

Items

- 11,12,13 The individual authorizing must sign, print their name, and date the form.
NOTE: No alterations in this section will be allowed.

SECTION 4: FINANCIAL INSTITUTION

Section 4 is recommended to be completed by a financial institution.

NOTE: Alterations to routing, account number, and/or type of account must be initialed by the financial institution representative or the payee.

SECTION 5: DECLARATION TO NOT AUTHORIZE DIRECT DEPOSIT

Complete items 25, 26 and 27.

SECTION 6: CANCELLATION BY AGENCY (State agency use only)

Sections 5 & 6 to be completed by the paying state agency before the form can be processed.

SECTION 7: PAYING STATE AGENCY (State agency use only)

Section 6 to be completed by the paying state agency before the form can be processed.

Submit the completed form to Angelo State University. This agency will be designated as your custodial agency. If the direct deposit instructions need to be updated or cancelled, you must contact this agency.

For additional information or assistance, please contact:

**Angelo State University
Payroll Services Office
ASU Station 11009
San Angelo, TX 76909**

Phone: 325-942-2727