

AUTHORIZATION AGREEMENT FOR ELECTRONIC DEPOSIT

For your convenience, Texas Health Resources offers two options to get paid. Please choose from the following:

- Direct Deposit:** Your paycheck deposited directly to your personal checking or savings accounts. *Please read and complete the bottom portion of this form and return to your Human Resources/Payroll Department for processing.*
- Money Network:** Your payroll funds available through the Money Network Service checks or debit card. *Human Resources will contact you with further information about enrolling in the Money Network Service.*

Four (4) Easy Steps to Sign Up for Electronic Direct Deposit! Do it Today!

1. On this form below, fill in your name plus the name of your financial institution where the checking or savings account is located.
2. Please select the appropriate account type (Checking or Savings) and fill in the ABA Routing number and the account number. You may elect up to 5 accounts for direct deposit electronic distribution.
3. Indicate the amount to be deposited into each account. Any remaining amount will be deposited into the "primary" account.
4. Sign and date the Authorization Agreement. Provide a Voided check(s) to your Human Resources/Payroll Department. *A deposit slip will NOT be accepted.*

Last Name: _____

First Name: _____

Employee Number (if known): _____

Primary Account

Select type: Checking Savings

Transit Routing Number: _____

Account Number: _____

Bank Name and Address: _____

Add Stop Change Amount

Balance or Amount: \$ _____

Secondary Account

Select type: Checking Savings

Transit Routing Number: _____

Account Number: _____

Bank Name and Address: _____

Add Stop Change Amount

Amount: \$ _____

Third Account

Select type: Checking Savings

Transit Routing Number: _____

Account Number: _____

Bank Name and Address: _____

Add Stop Change Amount

Amount: \$ _____

Fourth Account

Select type: Checking Savings

Transit Routing Number: _____

Account Number: _____

Bank Name and Address: _____

Add Stop Change Amount

Amount: \$ _____

I, _____, authorize Texas Health Resources and the financial institution indicated to deposit my net pay automatically to my account(s) each payday. If monies to which I am not entitled are deposited in my account, I authorize my employer to direct the institution to return said funds. The Account changes reflected on this form are effective on the payroll following the date this form is submitted. Your pay will continue to be electronic and you will not receive a printed paycheck. It is recommended that you verify your direct deposit with your bank or Money Network Service each payday. This authority will remain in effect until I have canceled it in writing.

Signature _____

Date _____