



THE TEXAS A&M UNIVERSITY SYSTEM

Student Direct Deposit Authorization Form

Student – For Travel & Purchase Reimbursements Only

STUDENT Information - *To be completed by student* _____

Name: _____ Social Security/UIN: _____

Address: _____

Email: _____

Phone #: _____

Financial Information

Name of Bank/Credit Union: _____

Address: _____ City: _____ Zip: _____

Account Type: Checking Savings

Routing # _____ Account # _____

I authorize Texas A&M University System Members (TAMUS) to deposit by electronic transfer my reimbursement amounts to the financial institution and account indicated above. **I acknowledge responsibility for providing complete and accurate information on this authorization form** and understand that TAMUS may contact my financial institution to confirm accuracy of information. This authorization is to remain in effect until I provide written notice of cancellation. TAMUS reserves the right to *reverse* an incorrect posting; however, I fully understand that TAMUS **must** notify me on or before the settlement date (payday) and explain the reason for the reversal. I further understand that if changes occur in my account, i.e., switching deposit from checking to savings, closing account, changing banks, etc. it is my responsibility to contact Financial Management Operations immediately.

*Will these payments be forwarded to a financial institution outside the United States? Yes No

Signature: _____ Date: _____