



University Medical Center
Lubbock, Texas

Payroll Card/ Direct Deposit Authorization Form
Contact Payroll with questions at 806-761-0803
Return completed form to Human Resources

.. New Request .. Update Request

University Medical Center offers employees two options to receive their pay.

The first option is a Payroll Card. Please read the attached Fee Sheet. The second option is Direct Deposit to a Financial Institution.

Employee Name: _____ Social Security Number: _____

Street Address: _____ City: _____ State/ Zip Code: _____

Home Phone: _____ Cell Phone: _____ E-Mail _____

Option 1. Payroll Card **** Temp card issued until the permanent card arrives in the mail (10 days)

Routing Number: 064206594 Card Number: _____

*Payroll will enter this number.

.. **Option 2. Direct Deposit:**

******* Primary Account Information**

Bank Name: _____

Routing Number: _____

Account Number: _____

Checking: ___ **Savings:** ___

Amount of primary acct must be 100% _____

******* Secondary Account Information:** Secondary accounts must indicate an exact dollar amount

Bank Name: _____

Routing Number: _____

Account Number: _____

Checking: ___ **Savings:** ___

Exact Dollar amount to be deposited \$ _____

******* Tertiary Account Information:** Tertiary account must indicate an exact dollar amount

Bank Name: _____

Account Number: _____

Routing Number: _____

Exact Dollar amount to be deposited \$ _____

Checking: ___ **Savings:** ___

DATE: _____ SIGNED: _____

I hereby authorize University Medical Center to initiate credit entries and debit entries and adjustments for any credit entries in error to my account. **I acknowledge, understand and agree to the fees incurred using the Payroll Card.** I understand that I can obtain pay check stubs from the UMC Employee Portal.