

Notice of Personal Information

The following notice is provided in accordance with Section 559.003(a) of the Texas Government Code:

- 1. With few exceptions, you are entitled on your request to be informed about the information The University of Texas System Administration collects about you;**
- 2. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information; and**
- 3. Under Section 559.004 of the Texas Government Code, you are entitled to have The University of Texas System Administration correct information about you that is held by The University of Texas System Administration and that is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32, *Texas Public Information Act*.**

The information that The University of Texas System Administration collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

MAIL TO:
PayFlex Systems USA, Inc.
Flex Dept.
P.O. Box 3039
Omaha, NE 68103-3039
Toll-Free (866) 887-3539



UT FLEX
DIRECT DEPOSIT
AUTHORIZATION
FORM



FAX TO:
PayFlex Systems USA, Inc.
Flex Dept.
Toll-Free (877) 230-4283
(No Cover Page Required)
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New Agreement Change Account Cancel Agreement

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize PayFlex Systems USA, Inc. (PayFlex) to initiate credit or debit entries to my account with the Financial Institution indicated below. This authority is to remain in full force and effect until PayFlex has received written notification from me of its termination in such time and in such manner as to afford PayFlex and the Financial Institution a reasonable opportunity to act on it. I understand this authorization is for reimbursements from my employer-sponsored reimbursement account plan.

Select One: Checking Account Savings Account

Financial Institution:


Name _____ Branch _____

City _____ State _____ Zip Code _____ - _____

Transit/ABA No. _____ Account No. _____

Employer Name _____

Employee Name _____ SSN _____ - _____ - _____

 Employee Signature _____ Date _____

Attach: **voided check** for checking accounts **OR savings deposit slip** for savings accounts

Form will not be processed without information below.

Jane A. Doe 1000 Main St. Anywhere, USA 10001	Date _____	3680
PAY TO THE ORDER OF _____	\$ 	
		DOLLARS
MEMO _____	X _____	
⑆ 123456789 ⑆ 11484620040 ⑆ 3680		

Transit/ABA No.

Account No.