# LIMITED POWER OF ATTORNEY AND AUTHORIZATION FOR DIRECT DEPOSIT OF FINANCIAL AID

(Please return to Finance Accounting, Bursar's Office, Administration Bldg., Room 2.218,
301 University Blvd, Route 0117, Galveston, Texas 77555-0117)

| | |
|---|---|
| Effective Date (Month and Year) | PID Number |
| Student Name | Last 4 digits of Social Security Number |
| Name of Financial Institution | |
| Type of Account (checking, savings, etc.) | |
| Account Number | |

Transaction Type:

O New Direct Deposit set-up

O Change Account Number

O Change Account Type

O Change Financial Institution

O **Authorization**

I hereby appoint the University of Texas Medical Branch at Galveston (UTMB) as my attorney-in-fact for the purpose of directly depositing my student financial aid by electronic transfer and/or other means of direct deposit to the financial institution and in the account designated above to be effective on the date specified. This authorization and request to deposit my student financial aid is not an assignment of my right to receive payment of my student financial aid from the State of Texas.

I understand that UTMB reserves the right to stop making deposits of my student financial aid by electronic transfer and/or other means of direct deposit without advanced notice. I also agree that my authorization to directly deposit my student financial aid may not be withdrawn without at least a 14 day written notice to UTMB.

I hereby authorize UTMB to deduct from the designated account or from my student financial aid all amounts deposited to the account in error. In the event my designated account is closed or contains an insufficient balance to allow a deduction for amounts deposited in error, then I agree that UTMB may withhold any payments owed to me by UTMB until such amount deposited in error is repaid.

| | |
|---|---|
| **SIGN HERE** Payee | Date |

O **Cancellation**

I cancel the authorization to deposit to my account by electronic transfer any payments owing to me by the State of Texas.

| | |
|---|---|
| **SIGN HERE** Payee | Date |

**FOR OFFICE USE ONLY (Do not write below this line)**

**--PLEASE ATTACH VOIDED PERSONALIZED CHECK HERE--**