Direct Deposit Authorization for Employee Reimbursement

AP USE ONLY	
Vendor ID	
Approval	

*Note: This form is **not** for payroll direct deposit. It is intended to be used only for reimbursements. UNIVERSITY EMPLOYEES ONLY.*

CHECK ONE: ☑ New request ☐ Change of bank or bank account number ☐ Delete authorization

Name: _____ (First name) _____ (Middle initial) _____ (Last name)

Address: _____

Bank Name: _____

Bank Address: _____

Bank Routing Number: | | | | | | | | | |

Please verify your routing number with your financial institution.

☑ Checking ☐ Savings Account Number: _____

I hereby authorize in accordance with the rules and regulations of the National Automated Clearinghouse Association ("NACHA") for Sonoma State University ("SSU") to credit any reimbursements due to me via automated clearinghouse electronic fund transfer ("ACH") to the bank and bank account owned by me referenced above. Further, I hereby authorize SSU to withdraw funds from the above referenced bank account owned by me only for retrieval of reimbursement overpayments. This authorization will remain in effect until cancelled in writing. A new authorization must be completed if I change my bank account, close my bank account, or change financial institutions.

Signature: _____ Date: _____

Phone: _____ Email: _____@sonoma.edu

Privacy Notification

The State of California Information Practices of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves. The principal purpose for requesting information on this form is to acquire authorization for reimbursement distribution to a financial institution of the individual's choosing. Furnishing all information on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being submitted.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact SSU Accounts Payable at 707-664-3587.

ATTACH A PRE-PRINTED, VOIDED CHECK HERE*

DIRECT DEPOSIT CANNOT BE PROCESSED
WITHOUT A VOIDED CHECK

*If a voided check cannot be provided a personalized deposit slip is acceptable

*Attach a personalized deposit slip if you have a savings account

Please return the completed form to SSU Accounts Payable - Tammy Koelling, Salazar Hall 2nd floor. No faxes, please.