

Direct Deposit Authorization for Employee Reimbursement

AP	USE	ONLY	

Vendor ID

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 ba	nk or bank acc	ount number	Delete autho	rization	
Name:	First name		-	Middle initial		 Last name			
Address:									
Bank Name:									
Bank Address:									
			r				 r		
Bank Routing Num	ber:								
Please verify your routing number with your financial institution.									
(Checking		Savings	Acc	ount 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:	
	Email:	@sonoma.edu
Phone:	Campus Employee ID:	

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 707-664-2619.

ATTACH A PRE-PRINTED, VOIDED CHECK HERE*

DIRECT DEPOSIT CANNOT BE PROCESSED WITHOUT A VOIDED CHECK

*If a voided check cannot be provided a bank letter is required with bank holder name, account number, and routing number