

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:								
	ing number with your fina							
Checking	Savings	Account Number: _						
University ("SSU") to credit and owned by me referenced about	ny reimbursements due to ove. Further, I hereby auth verpayments. This author	ulations of the National Automa me via automated clearinghou norize SSU to withdraw funds fro ization will remain in effect unti ange financial institutions.	se electronic fur om the above re	nd transfer (eferenced ba	"ACH") to the ink account o	bank and bar wned by me o	nk account nly for	
Signature:		!	Date:					
		1	Email:			@sc	onoma.edu	
rhone:			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