



Direct Deposit Authorization for Employee Reimbursement

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 Information Delete Authorization

First Name M.I. Last Name Employee ID

Mailing Address: Street City State Zip Code

Contact Information: Email Address Telephone Number

Bank Name:

Bank Address: Street City State Zip Code

Bank Routing Number:

Bank Account Number: Checking Savings

I hereby authorized in accordance with the rules and regulations of the National Automated Clearinghouse Association ("NACHA") for San Francisco State University ("SFSU") 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 SFSU 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 canceled in writing. A new authorization must be completed if I change my bank account, close my bank account, or change financial institutions.

Signature: Date:

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 for both, Checking or Savings



Privacy Notification: The state of California Information Practices Act 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.

Please return the completed form to Vendor Coordinator – ADM 358. DO NOT fax or email this form.