

EXPENSE REIMBURSEMENT
Direct Deposit Authorization Agreement

Employee Name: {employee_name}

New Authorization X Change* {change} Cancel {cancel}

* Change will result in a regular expense check generated during transition to new account. If you would like your next expense check to be deposited into your existing account while your new account is tested, please specify

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FOR NEW AUTHORIZATIONS AND CHANGES, ATTACH A COPY OF A VOIDED CHECK TO THIS FORM.

Employee Signature:



Date: {date}

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ACCOUNT #1

Name of Financial Institution: {name_of_financial_institution_1}

Branch Address & Phone: {branch_address_phone_1}_

Amount: \$ {amount_1}

Type of Account: Checking {checking} Savings {savings}

ABA Transit Number: :[{aba_transit_number_1}]:

Account Number: {account_number_1}

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ACCOUNT #2

Name of Financial Institution: {name_of_financial_institution_2}

Branch Address & Phone: {branch_address_phone_2}_

Amount: \$ {amount_2}

Type of Account: Checking {checking_2} Savings {savings_2}

ABA Transit Number: :[{aba_transit_number_2}]:

Account Number: {account_number_2}

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ATTACH A VOIDED CHECK