

# Direct Deposit Form

## for Employee Reimbursement

Personal Information	
Name (Last/First) <i>Please Print</i>	Department
Id# (8-digit)	Phone
Mailing Address <i>*Required for Disbursement Purposes</i>	
City/State/Zip	
Bank Information	
Check One:                      Checking                      Savings	
Account Holder's Name	Financial Institution Name
Bank Account Number	Routing Number
Bank Address	
City/State/Zip	
Authorization	
I authorize the University of San Francisco to automatically deposit to the above bank account. I agree to notify Accounts Payable of any changes in my bank or mailing address information.* I further agree to hold USF harmless if I fail to notify Accounts Payable changes to my information.	
X _____ <span style="margin-left: 100px;">Signature</span>	_____ <span style="margin-left: 100px;">Date</span>
* Failure to provide above authorization information may result in a delay of payment and/or payment via paper check.	
Office Use Only	
Staff: _____                      Date Received: _____                      Date Coded: _____	