University of San Francisco | Accounting & Business Services

Direct Deposit Form
for Employee Reimbursement

Personal Information

Name (Last/First) *Please Print*	Department
Id# (8-digit)	Phone

Mailing Address *Required for Disbursement Purposes*

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 _____   _____
            Signature   Date

* 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: _____

updated: 07/02/2018