



**ACCOUNTS PAYABLE/TRAVEL
 STAFF AND FACULTY REIMBURSEMENT
 DIRECT DEPOSIT AUTHORIZATION**

Effective Date: _____

Check One: New Setup Change Cancellation

TYPE OF ACCOUNT Checking

Bank Name _____ Branch _____

Bank Address _____

City _____ State _____ Zip Code _____ Phone _____

Bank Routing No. _____ Account No. _____

I hereby authorize in accordance with the rules and regulations of the National Automated Clearinghouse Association ("NACHA") California State University, Fullerton 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 CSU Fullerton to withdraw funds from the above referenced bank account owned by me via ACH debit. Such debits are authorized only to perform legitimate and appropriate financial transactions between me and CSU Fullerton including, but not limited to, retrieval of reimbursement overpayments. This authorization will remain in effect until cancelled in writing. A new authorization must be completed if I change my bank account, close my bank account, or change financial institutions.

I understand that the California State University, Fullerton requires ten (10) business days to set up this initial authorization and two (2) business days for funds to become available following an ACH electronic funds transfer.

Employee Print Name _____ **Employee Signature** _____

CWID _____ Date _____


Work Phone _____ Home Phone _____

E-mail _____ E-mail _____
Employee's fullerton.edu address One additional fullerton.edu address may be added

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

A pre-printed, voided check must be taped here
 (or)
 Attach a letter from your bank with your bank account number and bank routing number



123456789 11484620040

Bank Routing No. | Account No.

RETURN COMPLETED FORM TO (faxes or copies will not be processed):

CSUF Accounts Payable, Attention: Debbie Hagman CP-378, P.O. Box 6808, Fullerton, CA 92831

For questions, send an email to:
travel@fullerton.edu

AP USE ONLY: Vendor No. _____ Entered By _____ Approved _____