

ACH Authorization Form

Please complete the information below and submit to Accounts Payable. Travel and other reimbursements will be completed as an ACH/Wire transfer directly to your bank/financial institution account.

Employee Name: _____

Employee Department: _____

Employee Address: _____

Department Phone Number: _____

Email address for deposit notification: _____

Bank/Financial Institution Name: _____

Bank/Financial Institution Address: _____

Bank/Financial Institution Routing #: _____

Bank/Financial Institution Account #: _____

Type of Account: _____ Checking _____ Savings

Employee Signature

Date