



*This form is used to establish direct deposit for employee reimbursements. **This form is not to be used for payroll direct deposit.** Please complete the form in its entirety (all fields are required), attach a pre-printed, voided check, and mail to Accounts Payable. For security purposes, do not send through campus mail using an unsecured inter-office envelope. The form can also be hand delivered to Clark Hall 500 for more accurate service. Submit original form only; faxes or copies will not be processed. Allow two weeks for processing.*

Employee Information

Select One: New Request Change of Bank or Account Number Delete Authorization

Requestor Name: _____ Employee ID Number: _____
(provided on back of Tower Card)

Campus Email: _____ Campus Phone: _____

Bank Name: _____

Bank Address: _____

Account Type: Checking Savings

9-Digit Routing Number: _____
(Please verify the routing number with your financial institution)

Account Number: _____

Authorization

I hereby authorize in accordance with the rules and regulations of the National Automated Clearinghouse Association (NACHA) San José State University (SJSU), 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 SJSU 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 SJSU 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 SJSU 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.

Signature: _____ Date: _____

ATTACH A PRE-PRINTED, VOIDED CHECK HERE*
Direct deposit cannot be processed without a voided check
*Attach a personalized deposit slip if you have a savings account

Privacy notification: The State of California Information Practices 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 prevent completion of the action for which the form is being submitted.