

**This form needs to be filled out and submitted one time only**  
Submit original form only. Faxes, copies or emails will not be processed  
This form should be printed out, completed off-line and returned to Accounts Payable, Craven 4600

## Employee Reimbursement Direct Deposit Authorization

This form may NOT be used to request Payroll direct deposit.  
It is intended to be used for Employee Reimbursements only.

CHECK ONE:  New Request  
 Change of Bank or Account Number  
 Delete Authorization

Name: \_\_\_\_\_ PeopleSoft Vendor ID \_\_\_\_\_  
*Last, First* *To be completed by Accounts Payable*

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Routing Number:

Please verify your routing number with your financial institution.

Checking  
 Savings

Account Number: \_\_\_\_\_

I hereby authorize in accordance with the rules and regulations of the National Automated Clearinghouse Association ("NACHA") California State University San Marcos ("CSUSM"), 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 CSUSM 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 CSUSM 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.

**Note:** I understand that California State University San Marcos (CSUSM) 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: \_\_\_\_\_  
Required

Phone Number: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Recipient's csusm.edu address

### 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 even prevent completion of the action for which the form is being submitted.

**\*TAPE A PRE-PRINTED, VOIDED CHECK HERE\***  
**IF THE ADDRESS ON YOUR CHECK IS INCORRECT, PLEASE LINE OUT AND WRITE IN CURRENT ADDRESS**  
DIRECT DEPOSIT CANNOT BE PROCESSED WITHOUT A VOIDED CHECK  
Submit this original form to Accounts Payable, Craven 4600  
Attach a personalized deposit slip if you are using a savings account



Please return completed form to Becky Henwood, Accounts Payable, Craven 4600-29.  
Contact Becky Henwood at (760) 750-4442 or [bhenwood@csusm.edu](mailto:bhenwood@csusm.edu) for any questions.

No faxes, copies or emails please. Allow two weeks for processing.