

Employee Reimbursement Direct Deposit Enrollment Authorization

University Accounting Services
Accounts Payable
3801 W. Temple Ave, 121-East-2160 | Pomona, CA 91768
Email: cpp-ap@cpp.edu

Instructions for Completion:

- 1. This form is used to establish direct deposit for employee reimbursements processed through Accounts Payable. This form is <u>not</u> to be used for payroll direct deposit.
- 2. Please complete the form in its entirety, based on the type of request selected. (all fields are required)
- 3. Attach a pre-printed check to the form below. Write "VOID" across the face of the check.
- 4. For security purposes, do <u>not</u> send the completed form through campus mail using an unsecured inter-office envelope. Hand deliver the original form
- to Accounts Payable at the location noted above. Faxes, emails or copies of the form will <u>not</u> be accepted or processed.
- Please allow 10 business days for processing.

A Type of Request (Check appropriate box below) Select One: New Authorization (Complete Sections II, III, IV & Voided Check Copy) Delete Authorization (Complete Sections II, III, IV & Voided Check Copy) Change Bank or Account Information (Complete Sections II, III, IV & Voided Check Copy) II. Employee Information Cast Name MI First Name Address City State Zip Code Date of Birth Email Department BroncoNumber Phone Ext. Brank Name Sank Name Sank Name		
New Authorization (Complete Sections II, III, IV & Voided Check Copy) Delete Authorization (Complete Sections II & IV) Change Bank or Account Information (Complete Sections II, III, IV & Voided Check Copy) II. Employee Information Last Name MI First Name City State Zip Code Position Title Date of Birth Email Department BroncoNumber Phone Ext.		
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III. Banking Information Bank Name		
III. Banking Information Bank Name		
III. Banking Information Bank Name		
Sank Name		
Bank Address		
Bank Address		
Account Number 9-Digit Routing Number ¹		
Account Number 9-Digit Routing Number		
Account Type:		
Checking Account Savings Account		
Please verify the routing number with your financial institution.		
IV. Authorization		
hereby authorize Cal Poly Pomona (CPP) 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 CPP to withdraw funds from the above referenced bank account owned by me via ACH debit. Such debits are authorized only to perform		
egitimate and appropriate financial transactions between me and CPP including, but not limited to, retrieval of reimbursement overpayments. This authorization will remain in effect until cancelled in writing through submission of the appropriate form. A new authorization must be completed if I change my bank account, close my bank account, or change financial institutions.		
understand that CPP 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. I		
further understand that it is my responsibility to check with my banking institution to ensure fees are not associated with the acceptance of automated clearinghouse electronic fund transfers into or out of the account referenced above.		
into or out by the account referenced above.		
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Employee's Signature Date		
Employee's Signature Date		
Employee's Signature Date		
ATTACH A VOIDED,		
ATTACH A VOIDED, PRE-PRINTED CHECK		
ATTACH A VOIDED, PRE-PRINTED CHECK HERE		
ATTACH A VOIDED, PRE-PRINTED CHECK HERE		
ATTACH A VOIDED, PRE-PRINTED CHECK HERE Direct deposit cannot be processed without a voided check Note: If you do not have checks, select option below: Information from financial institution is attached, including routing number		
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