AUTHORIZATION FOR ELECTRONIC DEPOSITS
OF EMPLOYEE REIMBURSEMENTS

I, _____, authorize Eastern Oregon University to deposit employee
Employee Name (please print)

reimbursements by making direct deposits into my account. It is my responsibility to notify Accounts Payable (541) 962-3664, if I believe there is a discrepancy between the amount deposited directly to my bank account and the amount of the invoice paid. I further acknowledge that this agreement will remain in effect until EOU has received written notification of its termination.

_____ __G_____
Employee Signature Date Banner Employee ID (G#) –NOT SSN

Reimbursements are processed twice weekly.
Confirmations of direct deposits for reimbursements will be forwarded to the email address listed below within 24-hours of processing. Please allow up to two (2) business days for reimbursement funds to be deposited into your account.

EOU e-mail address: _____

Choose Option 1 or Option 2:
Option 1: Use current payroll account information on file – please choose one:
____Checking ____Savings

Option 2: New electronic deposit*:____Checking or ____Savings at _____
*A voided check must be attached. Bank Name

PLEASE RETURN TO THE ACCOUNTS PAYABLE OFFICE.

(staple voided check here for new accounts only)

FOR ACCOUNTS PAYABLE USE ONLY:

_____ _____ Input Date: _____
Account Routing Number Account Number

GXADIRD: Input date_____

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