

TRAVEL DIRECT DEPOSIT: Authorization for ACH Credit

Name (Please print) _____ Last Four SSN# xxx-xx-_____

Required E-Mail Address _____ (Notification of travel direct deposit will be via e-mail)

I hereby authorize Indiana University to START depositing travel reimbursements owed me into my bank account as shown below.

I hereby authorize Indiana University to STOP depositing travel reimbursements owed me into my bank account as shown below.

My travel reimbursements are now being deposited. Please change my banking information as shown below:

Name of Bank _____

City _____ State _____ Zip Code _____

Complete only one of the following:

Transit/Routing No. _____ **Checking** Account No. _____
(First nine digits located at the bottom of the check). (You must attach a voided check)

OR

Transit/Routing No. _____ **Savings** Account No. _____
(You must attach a deposit slip)

I acknowledge that the origination of ACH (direct deposit) transactions to my account must comply with the provision of U.S. law.

If an overpayment occurs and has been deposited to my account, I agree to reimburse Indiana University upon notification of such error.

This authorization may be discontinued only by my written request.

Signature _____ Campus Phone _____

Date _____

**PLEASE RETURN THIS FORM TO FINANCIAL MANAGEMENT SERVICES
POPLARS 527, BLOOMINGTON CAMPUS**

QUESTIONS? CALL 812-855-0375 FAX 812-855-1879