



Vendor #	
Approved	
PreNote	

\$3 8VH 2QO\

# EMPLOYEE / STUDENT Direct Deposit Reimbursement/Payment Authorization Form

& + (& . 21 (  1HZ 5HTXHVVW  
 &KDQJH RI %DQN RU \$FFRXQW 1XPEHU  
 'HOHWH \$XWKRULJDWLRQ

Employee/Student Name \_\_\_\_\_

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

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

Bank Routing Number:

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&KHFNLQJ  
 6DYLQJV

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

\*\*\*\*IMPORTANT \*\*\*\* Please attach a voided check OR confirm your routing and bank account number with your banking institution. Your Debit Card number is NOT your bank account number.

(PDLO DGGUHV V HV WR VHQG SD\PHQW QRWLILFDWLRQ SOHDVH SULQW \_\_\_\_\_

, KHUHE\ DXWKRULJH LQ DFFRUGDQFH ZLWK WKH UXOHV DQG UHJXODWLRQV RI  
 \$VVRFLDWLRQ 1\$&+\$ &DOLIRU LD 6MDW DIOB QREU DLWDULWLPH \$FDGHP\ WR  
 UHLPEXUVH PHQWV GXH WR WKH QORULWD PH VYLHGDXWRPH DWIG9FOHDULQJKRXVH  
 WUDQVIHU \$&+ WR WKH EDQN DQG EDQN DFFRXQW RZQHGE\ W

Signature: \_\_\_\_\_  
Signature

\_\_\_\_\_ Printed Name

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Forward original form to CMA Accounting Manager  
Allow two weeks for processing.