



Accounting Services WH-430

# Direct Deposit Authorization

*This form may NOT be used to request Payroll direct deposit.*

*It is intended to be used for Employee Reimbursements processed by Accounts Payable only.*

**CHECK ONE:**     New Request             Change existing             Cancel Existing

**Employee Name:** \_\_\_\_\_

*If a voided check is not available, please attach a Direct Deposit / EFT authorization from your bank (often available from online banking).*

I hereby authorize, in accordance with the rules and regulations of the National Automated Clearinghouse Association (NACHA), California State University Dominguez Hills (CSUDH) 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 CSUDH 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 CSUDH including, but not limited to, retrieval of reimbursement overpayments. I acknowledge I am responsible for repayment of any monies due the University due to overpayment to my account. Failure to repay this debt to the University will result in my account being referred to a collection agency and I will be responsible for all collection costs incurred by the University. 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 the University 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.

<b>Signature:</b> _____	<b>Employee ID:</b> _____	<b>Date:</b> _____
<b>Phone Number:</b> _____	<b>E-Mail:</b> _____	@csudh.edu

**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.

**AP USE ONLY:**    **VENDOR #** \_\_\_\_\_            **PROCESSED BY** \_\_\_\_\_            **DATE** \_\_\_\_\_