



FACULTY/STAFF EXPENSE REIMBURSEMENT DIRECT DEPOSIT

Action New Change Cancel

Name _____ ID number _____

Phone number (_____) _____ Email _____

Bank name _____

Bank address _____

Name on bank account _____

Account holder's name _____

Bank routing (ABA) number _____

Account type Checking Savings Account number _____

I hereby authorize Drury University to electronically deposit funds I am entitled to receive into my account at the financial institution listed above. If funds to which I am NOT entitled to are deposited into my account, I authorize Drury University to initiate a correcting (debit) entry after I have been notified of the error. If deposited to my account and said funds are removed from my account prior to the attempt by the financial institution to return said funds to Drury University, I hereby agree to reimburse Drury University for the funds to which I was not entitled. This authorization shall remain in effect until I cancel it in writing. I understand that this authorization may be rejected or discontinued by Drury University at any time.

If any of the above information changes, I will promptly complete a new authorization agreement.

Signature _____ Date _____

For account verification, please attach a voided check.
(A deposit slip can be submitted for a savings account.)

RETURN COMPLETED FORM TO:

Drury University
Accounts Payable
Burnham Hall, Room 100
900 North Benton Avenue
Springfield, MO 65802