

Direct Deposit Authorization Form For Travel and Business Expense Reimbursement

Welcome to Tufts:

For employees who travel and/or incur costs associated with university business, Tufts provides reimbursement in the form of direct deposit. The deposit is made to the same, primary bank account designated on your payroll records and you will receive an e-mail notifying you of the deposit. If you wish to direct your travel and business expense reimbursements to a **different bank account** you must complete the following information and return it to the address noted at the bottom. If you have any questions about this process, please feel free to contact Peter Barone by e-mail at peter.barone@tufts.edu or by phone at x73356

Name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Last	First	Middle Initial
Employee ID	<input style="width: 250px;" type="text"/>	Campus Phone	<input style="width: 150px;" type="text"/>

B A N K	Bank Name	<input style="width: 570px;" type="text"/>	
	Address	<input style="width: 570px;" type="text"/>	
		<input style="width: 570px;" type="text"/>	
	Transit ABA Number	<input style="width: 200px;" type="text"/>	Account Type (check one)
	Account Number	<input style="width: 200px;" type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

I hereby authorize Tufts University to deposit the payment described above to my account at the financial institution named above. Also, Tufts University is authorized to adjust any over-deposit which is caused to be made to my account. I will not hold the financial institution named above liable for any erroneous deposits or adjustments made by Tufts University.

All new/changed accounts will be pre-noted for a minimum of one cycle. (Pre-noting is an electronic test to the financial institution to verify the Transit-ABA #, Account # and name on the account.) I understand that I will receive an AP Check until this process is completed.

Signature _____

Date: _____

Please attach a voided check and/or savings account deposit slip here.

Jane Doe		1234
1 Main Street		Date: _____
Medford, MA 02155		
**** VOID ****		
PAY TO THE ORDER OF: _____		\$ _____
		DOLLARS
Memo _____		
2113-7077-9	24060415860	1234
(Transit ABA#)	(Account #)	Check #

Return all forms to the Office of Accounts Payable, TAB 310, Medford Campus