Cal State Monterey Bay

	EMPLOYEE REIMBURSEMENT DIRECT DEPOSIT ENROLLMENT & CHANGE AUTHORIZATION

Please print in all spaces. This form may NOT be used to request Payroll direct deposit. It is intended to be used for Employee Reimbursements only.	Provide information in all spaces and send via **AdobeSign** to: - **Sandra Ruiz as "Signer" (samorimruiz@csumb.edu)** - **Marcus Medina as "CC" (marcmedina@csumb.edu)**

Is this a: (Please check one box.) ☐ New Setup ☐ Change ☐ Cancellation

TYPE OF ACCOUNT (Please check one box.): ☐ Checking ☐ Savings

DEPOSITORY (BANK) NAME	BRANCH
DIRECT DEPOSIT ROUTING # (Please contact your bank to verify.)	ACCOUNT #

I hereby authorize, in accordance with the rules and regulations of the National Automated Clearinghouse Association ("NACHA"), California State University Monterey Bay to credit any reimbursements due to me via automated clearinghouse electronic fund transfer ("ACH") to the bank and bank account indicated by me referenced above. Further, I hereby authorize CSU Monterey Bay to withdraw funds from the above referenced bank account owned by me via ACH debit for the explicit purpose of correcting processing errors. Such debits are authorized only to perform legitimate and appropriate financial transactions between me and CSU Monterey Bay including, but not limited to, retrieval of reimbursement overpayments. This authorization will remain in effect until cancelled by me in writing, or upon separation of employment. A new authorization form must be submitted if I change my bank account, close my bank account, or change financial institutions.

I understand that California State University, Monterey Bay requires fourteen (14) business days to set up this initial authorization and two (2) business days for funds to become available following an ACH electronic funds transfer.

LAST NAME	FIRST NAME	MIDDLE INITIAL
SIGNATURE	DATE	E-mail ADDRESS (use @csumb.edu accounts only)

Privacy Notification

The State of California Information Practices Act 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.

Please attach verification of your <u>bank</u> account number and bank routing number to this form. **Examples: Screenshot, Bank Letter, Check if available**

Due to operational needs a check may sometimes be issued instead of an ACH payment For questions, send an email to procurement@csumb.edu

Procurement use only: Sandra Ruiz (Initial) _____