



# EMPLOYEE TRAVEL AND EXPENSE REIMBURSEMENTS DIRECT DEPOSIT AGREEMENT

College of Eastern Idaho · Business Office · 1600 S 25<sup>th</sup> E · Idaho Falls, ID 83404 · 208.524.3000 option 3

I hereby authorize College of Eastern Idaho to initiate automatic deposits to my account at the financial institution named below. I also authorize College of Eastern Idaho to make withdrawals from this account in the event that a credit entry is made in error. Further, I agree not to hold College of Eastern Idaho responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until College of Eastern Idaho receives a written notice of cancellation from me or my financial institution, or until I submit a new *Employee Travel and Expense Reimbursements Direct Deposit Agreement* to the Business Office.

### INSTRUCTIONS:

- All fields are required.
- Only one financial institution is allowed for direct deposits of employee travel and/or expense reimbursements.
- Please attach a voided check or direct deposit authorization form from your bank. Please DO NOT attach a deposit slip.

Payee Information – Please type or print clearly and complete all fields		
Last Name	First Name	Middle Initial
Employee ID #	CEI Email	Phone

Name of Financial Institution	Account Type – Checking or Savings
Account Number	Routing Number (9 Digits)

Employee Acknowledgment
Signature: _____ Date: _____

Form may ONLY be submitted in person to the Business Office. DO NOT email the form.

CEI Business Office Use Only
Colleague Entered Date: _____ Entered By: _____

YOUR NAME 1234 Main Street Anywhere, OH 00000 DATE \_\_\_\_\_ 123

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_ DOLLARS

⑆044072324
⑆000123456789
⑆123

ROUTING NUMBER
ACCOUNT NUMBER
CHECK NUMBER

**ATTACH VOIDED CHECK HERE**