EAST STROUDSBURG UNIVERSITY
ACCOUNTS PAYABLE
EAST STROUDSBURG, PA 18301
570-422-3821

We are pleased to offer you an option for receiving reimbursement payments for travel and miscellaneous expenditures. You can have your reimbursement checks automatically deposited in your checking or savings account by submitting the **Authorization for Direct Deposit** form (below & S:\Accounts Payable Forms\Direct Deposit).

Direct Deposit (ACH) will help you save time in several ways:

- No need to wait for check to arrive in mail
- No need to pick up urgent payments from Account Payable
- No trips to bank to make deposit
- No need to wait for check to clear
- Easy to sign up for, easy to cancel. Simply complete the Termination of Authorization for Direct Deposit form (S:\Accounts Payable Forms\ACH Form Changes).

Here's how Direct Deposit works:
Upon receipt of this authorization form and a VOIDED check from your account, the new process will be placed into effect. All subsequent payments for ALL reimbursements will be processed via ACH until such time as you or East Stroudsburg University would terminate the agreement. This would have to be done in writing with thirty (30) days advance notice from either party. If you have any questions regarding the completion of the electronic funds Direct Deposit ACH Authorization Form, please do not hesitate to contact Jennifer Keat at (570) 422-3821. Return your completed form with a voided check to:

Jennifer Keat
Business Office –Rosenkrans West, Room 206
East Stroudsburg University
200 Prospect St
East Stroudsburg PA 18301

NOTE: Be sure to sign the form!

AUTHORIZATION FOR DIRECT DEPOSIT

I authorize East Stroudsburg University to initiate electronic deposits to my:
☐ Checking account or ☐ Savings account for employee reimbursements.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S law. This authority will remain in effect until I have cancelled it in writing.

Staple Voided Check Here

Email address_____

Date _____

Financial Institution Name (Please Print)_____

Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

Financial Institution City and State _____

Signature_____

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS