

Employee Reimbursement Direct Deposit Form

1. This form is used to establish direct deposit for employee reimbursements processed through Accounts Payable. This form is not to be used for payroll direct deposit.
2. Please complete the form in its entirety, based on the type of request selected. (all fields are required)
3. For security purposes, do not send the completed form through internal mail using an unsecured inter-office envelope. Hand deliver the original form to Accounts Payable located in the Governmental Center, faxes, emails or copies of the form will not be accepted or processed.
4. Please allow 10 business days for processing.

TYPE OF REQUEST: (Select One)

- ☐ New Authorization
☐ Delete Authorization
☐ Change Bank or Account Information

The image shows a sample check with a dotted background. A 'Memo' line is at the top. Below it, the MICR line reads: 1: 0123456781: 123456789" 0101. Three callout boxes point to specific parts of the check: 1. 'Routing/Transit # (A 9-digit number always between these two marks)' points to the first two vertical bars of the MICR line. 2. 'Checking Account #' points to the number '123456789'. 3. 'Check # (this number matches the number in the upper right corner of the check - not needed for sign-up)' points to the number '0101'.

Above is a sample check detailing where the information necessary to complete this form can be found.

IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize the City of Traverse City to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by City of Traverse City to my account. In the event that City of Traverse City deposits funds erroneously into my account; I authorize City of Traverse City to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until City of Traverse City and Bank have received written notice from me of its termination in such time and in such manner as to afford City of Traverse City and Bank reasonable opportunity to act on it.

Employee Name: _____ Date: _____

Employee Signature: _____ Email: _____

Account Information

1. Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

☐ Checking ☐ Savings