



Direct Deposit of Employee Reimbursement

Name \_\_\_\_\_

I hereby authorize Slippery Rock University to:

Start

Change

Stop

remittance of reimbursement due to me to the same account at the Financial Institution used for my current net pay direct deposit.

**Authorization**

Signature \_\_\_\_\_

Date \_\_\_\_\_

<p><u>AP use:</u>  Vendor Number _____  Account added _____  Account confirmed _____</p>
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