



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