

This form needs to be filled out and submitted one time only
Submit original form only. Faxes, copies or emails will not be processed
This form should be printed out, completed off-line, and returned to CSUSM Accounts Payable, Craven 4600

CSUSM, CORP, and The Foundation
Direct Deposit Authorization
Accounts Payable reimbursements and fees for services

This form may NOT be used to request Payroll direct deposit.
It is intended to be used for Accounts Payable payments only.

CHECK ONE: New Request
 Change of Bank or Account Number
 Delete Authorization

Name: _____ PeopleSoft Vendor ID _____
Last, First *To be completed by Accounts Payable*

Bank Name: _____

Bank Address: _____

Bank Routing Number:

Please verify your routing number with your financial institution.

Checking
 Savings

Account Number: _____

I hereby authorize in accordance with the rules and regulations of the National Automated Clearinghouse Association ("NACHA"), California State University San Marcos ("CSUSM") to credit any reimbursements due to me via automated clearinghouse electronic fund transfer ("ACH") to the bank and bank account owned by me referenced above.

Further, I hereby authorize CSUSM to withdraw funds from the above referenced bank account owned by me via ACH debit. Such debits are authorized only to perform legitimate and appropriate financial transactions between me and CSUSM including, but not limited to, retrieval of reimbursement overpayments. This authorization will remain in effect until cancelled in writing. A new authorization must be completed if I change my bank account, close my bank account, or change financial institutions.

Note: I understand that California State University San Marcos (CSUSM) requires ten (10) business days to set up this initial authorization and two (2) business days for funds to become available following an ACH electronic funds transfer.

Signature: _____ Date: _____
Required

Phone Number: () _____ E-Mail: _____
Recipient's address

Privacy Notification

The State of California Information Practices of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves. The principal purpose for requesting information on this form is to acquire authorization for reimbursement distribution to a financial institution of the individual's choosing. Furnishing all information on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being submitted.

TAPE A PRE-PRINTED, VOIDED CHECK HERE
IF THE ADDRESS ON YOUR CHECK IS INCORRECT, PLEASE LINE OUT AND WRITE IN CURRENT ADDRESS
DIRECT DEPOSIT CANNOT BE PROCESSED WITHOUT A VOIDED CHECK
Submit this original form to CSUSM Accounts Payable, Craven 4600
Attach a personalized deposit slip if you are using a savings account



Please return completed form to CSUSM Attn: Veronica Roman, Accounts Payable, Craven 4600-K
333 S. Twin Oaks Valley Road, San Marcos, CA 92096-0001

Contact Veronica Roman at (760) 750-4442 or vroman@csusm.edu for any questions

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