



Direct Deposit Authorization
Employee Expense Reimbursement

Name: _____ Blinn ID: _____

Address: _____

Email Contact: _____

Phone Number: _____

I hereby authorize the Blinn College District to direct deposit any Accounts Payable Disbursements into our account.

Print Name: _____

Signature: _____

Date: _____

Depository (Bank) Name: _____

City: _____ State: _____ Zip: _____

Transit/Routing No. _____

Account Number _____

Account Type Checking Savings (check one)

Please complete the form and send to the Accounting Department

Fax 979-830-4068 or email accounts.payable@blinn.edu

OFFICE USE:

Date: _____ Approver: _____