



Direct Deposit Authorization For Employee Expense Reimbursement

I hereby authorize Blinn College to direct deposit any Accounts Payable Disbursements, i.e. Employee Expense Reimbursements

Print Name

Sign Name

Date

| |
|--|
| <p>Depository (Bank) Name _____</p> <p>City _____ State _____</p> <p>Transit/Routing No. _____</p> <p>Account Number _____</p> <p>Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings (check only one)</p> |
|--|

Please complete the form and send to the Accounting Department on the Brenham Campus