

Carmel Clay Schools

5201 E. Main Street
Carmel, IN 46033

REQUEST FOR AUTOMATIC DEPOSIT OF REIMBURSEMENTS

Name: _____

Social Security #: XXX-XX-_____

Location: _____

Check one:

I authorize Carmel Clay Schools to electronically deposit all reimbursement checks to the same account I previously authorized for the direct deposit of my *payroll* checks.

I authorize Carmel Clay Schools to electronically deposit all reimbursement checks to the institution indicated below. **A voided check or letter from bank must accompany this form** if selecting this option.

Name of Financial Institution for direct deposit: _____

I understand that this agreement will remain in effect until revoked in writing.

I authorize Carmel Clay Schools to initiate credit entries and to initiate debit entries and adjustments for any credit entries in error to my Checking or Savings account indicated by attached voided check and the Financial Institution named above to credit and/or debit the same to such account.

Signature: _____ Date: _____

If selecting the second option, attach voided check here.

** PLEASE NOTE:

YOUR REIMBURSEMENT WILL BE DEPOSITED INTO YOUR ACCOUNT 2 DAYS AFTER THE BOARD MEETING. To see a schedule of School Board meetings, please visit our website at <https://www.ccs.k12.in.us/board/meetings>

Any changes to your bank account information will need to be communicated to the Accounts Payable department directly by filling out a new form.

office use only _____
revised 1/24/19