



**EMPLOYEE REIMBURSEMENT  
DIRECT DEPOSIT AUTHORIZATION**

Please Specify:  New  Change

NAME: \_\_\_\_\_  
(Please print)      FIRST                      M.I.                      LAST

Financial Institution Name: (Attach voided check)		
_____		
Account Type:	Routing#:	Account #:
<input type="checkbox"/> Checking	_____	_____
<input type="checkbox"/> Savings		

*I hereby authorize the Treasurer/CFO of the Vandalia-Butler City School District (EMPLOYER) to direct deposit my reimbursement payment to the above financial institution. This authorization allows my employer to initiate credit entries as well as debit entries and/or adjustments for any incorrect credit entries to the above listed account.*

*The responsibility of the Treasurer/CFO ceases upon delivery to the Federal Reserve. It is the responsibility of the EMPLOYEE to notify the EMPLOYER of any change which would affect the deposit of funds to the above account. This authority is to remain in full force until the EMPLOYER has received written notification from the EMPLOYEE of change. All arrangements for withdrawals from checking or savings accounts must be made at the bank and are the responsibility of the EMPLOYEE.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**ATTACH VOIDED CHECK HERE**