

Authorization for Direct Deposit - Reimbursement Payment

This authorizes the University of Nebraska to send a credit entry, electronically or by any other commercially accepted method, to my account indicated below. This authorizes the financial institution holding the Account to post all such entries.

Note: Enter your company name in the blank space above.

Account #1

Account #1 Type (check one): ☐ Checking ☐ Savings

Account Holder Bank Name

Bank Routing # (ABA#)

Account #

Percentage or Dollar Amount to be Deposited to This Account

Account #2 (remainder to be deposited to this account)

Account #2 Type (check one): ☐ Checking ☐ Savings

Account Holder Bank Name

Bank Routing # (ABA#)

Account #

Please attach a voided check or include a printed copy of a voided check with this document.

This authorization will be in effect until until the single reimbursement deposit is made or the University of Nebraska receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Printed Name

NUID

Date

IMPORTANT: This document must be signed by account holder requesting automatic deposit of reimbursement and will be retained on file by the University of Nebraska. Account holder must attach a voided check or copy for each of their accounts to help verify their account numbers and bank routing numbers.