

BHSSC Accounts Payable Travel/Expense Reimbursement Direct Deposit Enrollment Form

This does not affect your Payroll Direct Deposit.

To have BHSSC direct deposit your payments from Accounts Payable please provide the following information and attach a void check as documentation. A deposit slip will not be sufficient documentation for verification of information. If the account is a savings account please have a bank employee print an authorization from the bank with your name, account number and routing number and the bank employee's signature.

Notify BHSSC Business Office immediately when bank information changes. **All changes must be submitted in writing by the 10th of the month in which they are to be effective.** Payment will continue to be deposited into this account until a new enrollment form is submitted or written notification to discontinue direct deposit is received in the business office of BHSSC.

Bank Name: _____

Account Type (check one): Checking _____ or Savings _____

Nine Digit Routing Number: _ _ _ _ _ _ _ _ _

Account Number: _____

Account Holder Name _____

Printed Name

Signature

Date

ATTACH VOID CHECK HERE

