

FACULTY, STAFF AND STUDENT'S

RICE UNIVERSITY

AUTHORIZATION FOR AUTOMATIC DEPOSITS – **REIMBURSEMENTS**

Name: _____ Employee or Student #: _____

I hereby authorize Rice University to initiate credit entries and, if necessary, debit entries for adjustment to any credit entries made under this program to my account number indicated below to credit and/or debit the same to such account. This authority may be terminated upon ten days' written notification of its termination from Rice University.

Depository Financial Institution Information

Financial Institution Name: _____

(Attach Void Check)

City, State, Zip: _____

Bank Transit / ABA No.: _____

Account Number: _____

Type: Checking Savings

Signature: _____ **Date:** _____

Phone Number: _____ **Email:** _____

PLEASE ATTACH A VOID CHECK(S) FOR OUR RECORDS.

DISBURSEMENTS USE ONLY

Pre Notification: _____ **Date:** _____ **By:** _____

Verified Check: _____ **Date:** _____ **By:** _____

Add DirDep Addr: _____ **Date:** _____ **By:** _____