**Accounts Payable Employee Expense Direct Deposit Form (alternate format)**

**Purpose of Form:** To set up bank account information for direct deposit of employee expense reimbursements. **This form is not for payroll deposits.** It is to be used by all employees. **Submit completed form to Accounts Payable at** **ap-supplier-doc@andrew.cmu.edu****.**

**Employee Name**:

**Andrew ID**:

**Department:**

**Email:** **Phone:**

**Ledger Select One:** [ ]  Australia [ ]  Qatar [ ]  U.S. [ ]  U.S. – Rwanda

**BANK INFORMATION**

**Bank Name:**

**Bank Address:**

**Country:**

**U.S. Bank Routing Number:**

**U.S. Bank Account Number:**

**Select One:** [ ]  Savings [ ]  Checking/Current

***International Only***

**Bank Account Number:**

**Note:** Banks which have adopted the ISO International Bank Account Number (IBAN) standard must ensure a complete IBAN account number is provided in the account number line. For example, Qatar IBAN numbers are 29 digits in the following format: QAKK QNBA 0000 0000 1234 123456 123.

**S.W.I.F.T. Code (8 or 11 characters):**

**Other International Bank Code (e.g., BSB, Sort, IFSC)**:

**AUTHORIZATION**

I hereby authorize the direct deposit to the account and financial institution indicated above for all my **expense reimbursements** by Carnegie Mellon University. I agree to hold harmless Carnegie Mellon against any loss sustained by me by reason of such action. In the event that Carnegie Mellon deposits funds erroneously into my account, I authorize Carnegie Mellon to debit my account for an amount not to exceed the original amount of the credit. Direct deposit will commence with the SECOND expense reimbursement following receipt and confirmation of this agreement. Any changes or corrections made to the direct deposit will produce a check for the next expense reimbursement request. **YOU MUST VERIFY THAT THE CORRECT AMOUNT HAS BEEN DEPOSITED BEFORE WITHDRAWING ANY MONEY FROM YOUR ACCOUNT.** Termination of this Agreement **MUST** be made by written notification to Accounts Payable. Should any changes be made to the above banking information, immediately notify Accounts Payable and provide them with an updated form.

**Printed Employee Name:**

**Signature:**

**Date:**