

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.

Purpose for use of form: Setting up new account Changing current bank information

Employee Information

Employee's Name: _____ Phone Number: _____
Organization Name: _____ Department: _____
Country: _____ Email: _____
Andrew ID: _____

Bank Information

Bank Name: _____ Bank Account Type: _____
Address: _____ Savings Checking/Current
City: _____ State: _____ Zip Code: _____
Country: _____

DOMESTIC ONLY: Bank Routing Number: _____ Bank Account Number: _____

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, ISBC): _____

Currency: _____

Ledgers

Please select the ledgers (US, Qatar, or Australia) for which you will be requesting reimbursement. If you are unsure, please consult with your hiring manager.

Select all applicable ledgers: Australia Qatar US US - Rwanda

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.

Employee

Signature

Date

Submit completed form to Accounts Payable
at ap-supplier-doc@andrew.cmu.edu.

Updated by Accounts Payable: 12.14.2023