Bucknell University Accounts Payable
Direct Deposit Authorization Form

Employee's Authorization

Please complete and return to Accounts Payable, Finance Office.

☐ I authorize the financial institution listed below and Bucknell University to deposit my reimbursements automatically to my account. This authority will remain in effect until I have cancelled it in writing.

☐ I decline participation in the Accounts Payable Direct Deposit program (complete lines B. & C. below.)

Instructions

1. Complete **all** information in the spaces provided below including the banking information.
2. If depositing to a checking account, attach a voided check. For deposits to a savings account, please attach a verification of the ABA number and your account number from the financial institution.
3. It is very important that you notify us if there is a change in your banking information.
4. If you choose not to participate in the Accounts Payable Direct Deposit, please complete the form, excluding for the bank information, check the box stating you do not wish to sign up and return the form to Accounts Payable, Finance Office.

A. _____ _____ _____
Bank Name | Routing & Transit Number (ABA) | Account Number ( )checking ( )savings

B. _____ _____ _____
Name (please print) | BU ID | Bucknell E-mail Address

C. _____ _____
Signature | Date

For Finance Use Only (GXADIRD):

Address Type: _____ Address Sequence: _____

A/P Checked: Yes _____ Status: Active: Yes _____

Record same as Payroll: Yes No _____ Date Entered in GXADIRD: _____

Entered by in GXADIRD: _____