

Purchase District Health Department Authorization Agreement for Direct Deposit Travel Reimbursement

I hereby authorize Purchase District Health Department to initiate credit or debit travel reimbursement transaction entries to my deposit account at the bank named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I understand that this authorization is to remain in full force and effect until Purchase District Health Department has received written notification from me of its termination in a timely manner.

Please attach a voided check or deposit ticket.

Bank Name _____

Routing Number _____

Account Number _____

Checking Account _____ **or** **Savings Account** _____

Printed Employee Name _____ **SSN#** _____

Employee Signature _____ **Date** _____