

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO  
**EMPLOYEE REIMBURSEMENT DIRECT DEPOSIT  
 ENROLLMENT AUTHORIZATION**

This authorization remains in full force and effect until the CSUSB Accounts Payable Office receives written notification from the employee of its cancellation.

SEE INSTRUCTIONS AND PRIVACY NOTICE FOR ADDITIONAL INFORMATION.  
 USE BALL POINT PEN - PRINT CLEARLY.

**SECTION A** (To be completed by employee)

1. TYPE OF ENROLLMENT ACTION a. <input type="checkbox"/> NEW (SECTIONS A, B, AND C MUST BE COMPLETED) ** b. <input type="checkbox"/> CHANGE (SECTIONS A, B, AND C MUST BE COMPLETED) ** c. <input type="checkbox"/> CANCEL (SECTIONS A AND D MUST BE COMPLETED)	2. EMPLID (Include all 9 digits) <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> </tr> </table>									
4. DAYTIME PHONE NUMBER	3. NAME (First) (Middle) (Last) 5. EMAIL ADDRESS									

**SECTION B** (To be completed by employee if NEW or CHANGE box in Section A is checked)

1. TYPE OF ACCOUNT- MUST BE CHECKED- IF LEFT BLANK, WILL BE PROCESSED AS CHECKING

**C (Checking)**                       **S (Savings)**

See Instructions for Helpful Tips on Locating Your Bank Routing and Account Information

2. BANK ROUTING NUMBER (Cannot exceed 9 digits)	3. BANK ACCOUNT NUMBER (Cannot exceed 17 digits)		
4. FINANCIAL INSTITUTION NAME			
5. FINANCIAL INSTITUTION ADDRESS			
Number and Street	City	State	Zip Code

**SECTION C** (To be completed by employee if NEW or CHANGE box in Section A is checked)

Read Statement Carefully: I hereby authorize California State University, San Bernardino to credit any reimbursements due to me to the bank account referenced above. I also authorize California State University, San Bernardino to recover any overpayment of reimbursements from the above referenced bank account. This authorization will remain in effect until cancelled in writing. A new authorization form will be completed if I change my bank account, close my bank account, or change financial institutions.	
SIGNATURE	DATE

**SECTION D** (To be completed by employee if CANCEL box in Section A is checked)

I hereby cancel my Direct Deposit authorization.	SIGNATURE
	DATE

Please send completed form to CSUSB, Accounts Payable, SH105, San Bernardino, CA 92407  
 or Fax to (909) 537-7080 Attn: Employee Reimbursement Direct Deposit