



DIRECT DEPOSIT FOR EXPENSE REIMBURSEMENT AUTHORIZATION/OPT OUT

Employee Name: _____ Employee ID# _____

Option 1

I hereby authorize George Fox University to deposit my expense reimbursements to the following account:

___ Checking/Share Draft ___ Savings

Routing # _____ Account # _____

Financial Institution: _____

Branch: _____ City: _____ State: _____ Zip: _____

I understand direct deposits will be processed every Thursday but may take up to 48 hours to appear in my account.

Employee Signature: _____ Date: _____

****ATTACH VOIDED CHECK HERE****

**For savings accounts, please attach a deposit slip
(Any form received without proper documentation attached will not be processed)**

Option 2

I hereby choose to have my expense reimbursements processed as a physical check. I understand that checks will be cut only on the first Monday of each month. I further understand my expense reimbursement form must arrive in the Financial Affairs Office no later than 5pm on the 20th of the month in order to qualify for the next check run. If it arrives after the 20th of the month it will not be processed until the following month which means it will be cut the month after that.

Ex: If my paperwork arrives before January 20th my check will print on the first Monday in February. If my paperwork arrives after the 20th my check will print on the first Monday in March.

Employee Signature: _____ Date: _____