

**EMPLOYEE REIMBURSEMENT DIRECT DEPOSIT ATERNATE SELECTION**

Use this form to designate a direct deposit destination for TIU Travel, Conference or Miscelaneous Expenses reimbursements if:

- 1) You do not have payroll direct deposit authorized OR
- 2) You want these funds to go to a different account from your primary account for payroll direct deposit OR
- 3) You want to change your designated employee reimbursement direct deposit location.

<hr/> <i>Employee ID (Preferred) or Soc. Sec. #</i>	<hr/> <i>Employee Name (Last Name, First Name)</i>	<hr/> <i>(Please Type or Print)</i>
<hr/> <i>TIU email</i>	<hr/> <i>( )</i>	<hr/> <i>Contact Phone</i>

<b>Check ACTION TYPE :</b>	<input type="checkbox"/>	<b>INITIAL EMPLOYEE SETUP</b>	<input type="checkbox"/>	<b>EMPLOYEE CHANGE REQUEST</b>
<p>Employee may select one account for reimbursement deposits. You will receive a detailed Advice of Deposit.</p> <p>Complete the account designation box including routing and account number, and attach the following <u>required</u> documentation:</p> <ul style="list-style-type: none"><li>• <b>Checking Account:</b> Attach a voided check.</li><li>• <b>Savings Account:</b> Attach documentation from financial institution.</li></ul> <p>The routing number is a 9-digit number that appears at the bottom left of your check or deposit slip between the markings I: .I. If you are not sure which number to use, contact your financial institution for assistance.</p>				
<b>NOTE: Requests must allow sufficient time for processing and bank pre-notification, and may not be effective for your next reimbursement.</b>				
<b>IMPORTANT: Enter the financial institution to which you are depositing funds, and attach documentation for the account. This form overrides (replaces) all prior designations.</b>				

<b>Account For Reimbursement Direct Deposit</b>	
<b>ACCOUNT TYPE</b>	<input type="checkbox"/> <b>Checking</b> <i>(Attach voided check)</i>
	<input type="checkbox"/> <b>Savings</b> <i>(Attach financial institution documentation)</i>
<i>Bank Name:</i>	_____
<i>Bank Address:</i>	_____
<i>Routing# (9 digits)</i>	_____ <i>Account #</i> _____
<i>(Number appears at the bottom left of your check)</i>	

**Authorization Agreement:** I hereby authorize the Tuscarora Intermediate Unit to deposit my expense reimbursements directly into the account named above. This authority will remain in force until I have given written notice that I am terminating it, or until my employer has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account(s), I authorize my bank(s) and the Tuscarora Intermediate Unit to make the appropriate adjustment(s). If funds to which I am not entitled are deposited into my account, I authorize the TIU to direct the bank to return said funds to TIU.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ORIGINAL FORM AND DOCUMENTATION REQUIRED  
DO NOT FAX OR EMAIL**

**MAIL ORIGINAL FORM TO: TUSCARORA INTERMEDIATE UNIT  
ATTN: FISCAL ASSISTANT  
2527 US HIGHWAY 522 SOUTH  
MCVEYTOWN, PA 17051-9717**