

NOVA SOUTHEASTERN UNIVERSITY
Financial Operations
Accounts Payable



DIRECT DEPOSIT FORM FOR A/P

To: Isabel Banks, Accounts Payable Manager

From:

Subject: Direct Deposit for Expense Reimbursements

Date: NSU ID# _____

I authorize NSU to automatically deposit my Expense Reimbursements to my bank account. If funds are deposited to which I am not entitled, I authorize their electronic return or adjustment. This authorization remains in effect until NSU receives a written cancellation from me.

Please sign, date and return along with your VOID CHECK to: Isabel Banks, NSU's Accounts Payable Department, East Campus, Room 525.

Employee's Name

Employee's E-Mail address

Employee's Signature

Date signed: _____