



Accounts Payable Direct Deposit Authorization Form

For reimbursements/refunds due you from VT (ie: travel reimbursements, supply purchases, student refunds, etc.)

(NOT FOR PAYROLL DIRECT DEPOSIT)

STUDENT OR FACULTY/STAFF NAME		
ADDRESS	PHONE: WORK	HOME
CITY	STATE	ZIP
STUDENT OR FACULTY/STAFF ID NUMBER		

I hereby authorize Virginia Tech to transfer the full amount of my Accounts Payable reimbursement and/or student refund to the bank indicated below for deposit into my checking account.

I understand if I am receiving financial aid and if OSFA determines my financial need or eligibility has changed, I may be required to repay all or a portion of any student refunds credited to my account. Failure to repay these funds could result in holds being placed on all of my academic records, referral of my account to collections and referral to the Commonwealth of Virginia Tax Debt Set-off Program. I will pay any cost associated with collection of any past due amounts.

All customers (faculty, staff, students) who do not pay all charges incurred by them are responsible, in the event of default or the return of a check for payment of said charges, to pay a penalty fee, to pay interest at the highest rate allowed by law, and for reasonable administrative costs, collection fees, and attorney's fees incurred in the collection of funds owed to VA Tech.

I agree to notify the Virginia Tech Bursar's Office immediately in writing of any changes to information pertaining to my checking account or notice to terminate this authorization. I understand the Virginia Tech Bursar's Office must have at least 10 **business** days for a new authorization to be set up or for a change of bank account information to become effective. I understand it is my responsibility to verify that the reimbursement and/or refund has been credited to my bank account before writing checks against these funds. I understand this request supersedes all prior authorizations.

Faculty/Staff Questions

I understand any questions regarding the amount or disbursement date of my **reimbursement** should be directed to the Controller's Office at 231-6418.

Student Questions

I understand any questions regarding the amount or disbursement date of my **student refund** (overpayments, excess financial aid, etc) should be directed to the Bursar's Office at 231-6277.

Student or Faculty/Staff Signature _____ Date Signed _____

You must verify that your bank is a member of an Automated Clearing House (ACH). Failure to do so could delay the processing of your reimbursement or refund. You must attach a voided check **or** have your bank complete the bank information and the **account holder must sign below.**

Staple voided check here
(**DO NOT** attach a deposit slip)

OR

Have bank representative
complete here

TO BE COMPLETED BY YOUR BANK:

NAME OF YOUR BANK:			
ACCOUNT HOLDER NAME(S):			
CHECKING ACCOUNT NUMBER:			
ROUTING NUMBER:			
BANK REPRESENTATIVE NAME	BANK REPRESENTATIVE SIGNATURE	DATE	BANK TELEPHONE NUMBER

As the account holder, I authorize, by signing below, credits to be made to my bank account listed here.

ACCOUNT HOLDER SIGNATURE: _____ **DATE:** _____