

VIRGINIA TECH FOUNDATION, INC.
BUSINESS OFFICE

Direct Deposit Authorization Form

For reimbursements from VTF funds to VT employees/Foundation employees (ie: travel reimbursements, purchases, etc.)

NAME _____
ADDRESS _____ **PHONE** (home) _____ (work) _____
CITY _____ **STATE** _____ **ZIP** _____
STUDENT or FACULTY/STAFF ID # _____ **ACCOUNT TYPE:** Checking Savings

I hereby authorize the Virginia Tech Foundation, Inc. (Foundation) to transfer the full amount of my reimbursement to the bank indicated below for deposit into my account. If necessary, the Foundation may make deductions from my account for any payments credited to my account in error. I agree to notify the Foundation Business Office immediately in writing of any changes to information pertaining to my account or notice to terminate this authorization. I understand the Foundation Business Office must have at least **15 calendar** 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 funds have been credited to my bank account. I understand that any fees or bank charges incurred due to incorrect routing or bank information will be my responsibility. This request supersedes all prior authorizations. This authority is to remain in full force and effect until the Foundation has received written notification from me of its termination. I HEREBY RELEASE the Foundation from any errors, omissions or liabilities that may arise due to the process of an ACH transaction.

I understand any question regarding the amount or disbursement date of my reimbursement should be directed to the VTF Accounting Office at 231-2858

Signature _____ Date Signed _____
(required) (required)

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. You must attach a voided check **OR** have your bank complete the bank information below for checking accounts. You must have your bank complete the bank information below for savings accounts. In either case, the account holder must sign below.

Staple voided check here **OR** Have bank representative complete here
(DO NOT attach a deposit slip) (REQUIRED for savings accounts)

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 (or debit adjustments as described in paragraph one above) to be made to my bank account listed here.

Account Holder Signature: _____ **DATE:** _____
(required) (required)

Return form to: VTF Business Office, 902 Prices Fork Road, Suite 4400, Blacksburg, VA 24061, mail code 0172.
Please keep a copy for your records. This office cannot be responsible for forms mailed to any other office.