

Travel – Direct Deposit Authorization

I hereby authorize JSA/JLAB to initiate credit entries to my account and the depository named below.

Bank Name _____

Bank Transit ABA Number _____

(First 9 digits in lower left hand corner of deposit slip or check)

Account Number _____

Account Type Checking _____ Savings _____

This authority is to remain in full force and effect until JSA/JLAB has received written notification from me of its termination in such time and in such manner as to afford JSA/JLAB a reasonable opportunity to act on it.

Name (please print) _____

Social Security Number _____

Signature _____

PLEASE ATTACH VOIDED CHECK OR DEPOSIT SLIP FOR DEPOSIT ACCOUNT.

For Finance Use Only

Entered into Vendor Master By: _____

Signature

Date

Edited By: _____

Signature

Date