

DIRECT DEPOSIT AUTHORIZATION-(For Travel Individuals Only)

Jefferson Lab electronic payment transactions follow the **ACH** payment method guidelines using CTX formatting. This format allows addenda records to include; invoice number, date and dollar amounts to be referenced on your bank advice. Please provide the following information to allow Jefferson Lab to remit payments to you using this payment method. Note: The Travel Department will verify this information upon receipt of this completed form via verbal confirmation only.

ndividuals Name (please	print):		
Bank Name:			
	First 9 digits in lower left-hand corner of de	eposit slip or check)	
Bank Account Number:		Checking	Savings
Authorizing Signature:			
Phone#: ()	Email Address:		
	ent @ <u>TRAVELS@JLAB.ORG</u>	ONLY TO THE FOLLOWING	<u>-</u>
Note: Please notify the Travel Depa	rtment as soon as possible when any bani	king information changes.	
For JLab Finance Use On	У		
Vendor ID			ı
Entered into Vendor Maste	er File By:		
	Signature	Date	ı