

Community College of Rhode Island

Employee Travel Direct Deposit Authorization / Cancellation Form

Instructions:

- Please complete and forward this form to the Controller's Office, Knight Campus.
- For a **checking** account, please attach a blank voided check.
- For a **savings** account, please obtain a statement from your bank indicating the ACH routing number and account number.
- A deposit form will not be accepted as proof of routing number or account number.

This form should be completed for any of the following reasons:

- a new travel direct deposit authorization
- any change in banking account information
- a travel direct deposit cancellation

Please contact the Controller's Office at Ext. 2150 regarding any questions related to Travel Direct Deposit.

Employee Information:

Please check one box below:

New Travel Direct Deposit

Change Existing Information

Cancel Existing Information

Name	Banner ID
Home Address:	CCRI Email (for remittance information):
	CCRI Department:

Bank Information:

Account Type (check one): Checking Savings Bank Name _____

ACH Routing Number _____ (9 digits)

Bank Account Number _____

Authorization Agreement:

I authorize the Community College of Rhode Island (CCRI) to make electronic deposits of payments for travel reimbursement. This authority will remain in effect until I have given written notice of termination or until CCRI has notified me that this service has been discontinued. In the event of changes to my information, I understand that I must give advance notice to allow reasonable time for my instructions to be executed. In the event that an incorrect amount should be entered into my account, I authorize my bank and CCRI to make the appropriate adjustment.

Signature: _____

Date: _____

For Office Use Only	Entry Date:
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