



ACCOUNTS PAYABLE (AP)
**EMPLOYEE REIMBURSEMENT DIRECT
DEPOSIT
ENROLLMENT FORM**

Please have my employee reimbursement directly deposited to my account at the financial institution below. I agree to submit a new AP Direct Deposit Form immediately if there are any changes to the banking information so that reimbursements are not delayed.

It is understood that this banking procedure is a courtesy extended by the Caddo Parish School Board and does not guarantee the banks posting of the deposit on any given date. **NOTICE:** *This courtesy is limited to ONE ACCOUNT ONLY.*

SECTION A (To be completed by employee)

1. Type of enrollment action		
a. <input type="checkbox"/> NEW (SECTIONS A, B, AND C MUST BE COMPLETED)		
b. <input type="checkbox"/> CHANGE (SECTIONS A, B, AND C MUST BE COMPLETED)		
2. Print Name (First)	Print Middle	Print Last
_____	_____	_____
3. Employee ID (9 digits found on Payroll check stub)	4. Daytime Phone Number	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	() -	
5. Email Address:	<input type="text"/>	

SECTION B (To be completed by employee if NEW OR CHANGE box in Section A is checked)

1. Type of account-must be checked, if left blank, it will be processed as checking		
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
2. Financial Institution Name	3. Banking Routing Number (CANNOT EXCEED 9 DIGITS)	
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4. Bank Account Number		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

SECTION C (To be completed by employee if NEW OR CHANGE box in Section A is checked)

I hereby authorize CPSB to credit any reimbursements due to me to the bank account referenced above. This authorization will remain in effect until cancelled in writing. A new authorization form will be completed if I change my bank account, close my bank account, or change financial institutions.

SIGNATURE	DATE
_____	____/____/____

Completed form may be returned to: CPSB, Accounts Payable, PO Box 32000 Shreveport, LA 71130
Emailed to Accountspayable@Caddoschools.org or Faxed to (318)603-6274