



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. **NEW** (SECTIONS A, B, AND C MUST BE COMPLETED)

b. **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 _____
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5. Email Address:

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
 CHECKING **SAVINGS**

2. Financial Institution Name _____ 3. Banking Routing Number (CANNOT EXCEED 9 DIGITS)

4. Bank Account Number _____

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
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Completed form may be returned to: **CPSB, Accounts Payable, 1961 Midway Ave., Shreveport, LA 71108**
Email to Accountspayable@Caddoschools.org or Fax to **(318) 603-5642**