



PHI GAMMA DELTA

BUILDING COURAGEOUS LEADERS

Expense Reimbursement ACH / Direct Deposit Authorization Form

Please note that Phi Gamma Delta is not able to offer Direct Deposit to accounts outside the United States

Please Check One:

 NEW Direct Deposit

 CHANGE Direct Deposit

Payee Information:

| | |
|----------------|--|
| Name: | |
| Address: | |
| Phone Number: | |
| Email Address: | |
| Office Held: | |

Financial Institution Information:

| | |
|--------------------|--|
| Bank Name: | |
| Account # | |
| 9-Digit Routing #: | |

To help ensure you are reimbursed correctly, reference a check to deposit into a checking account (see sample) - not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip.



Phi Gamma Delta is hereby authorized to initiate electronic credit entries, and if necessary debit entries and adjustments for any credit entries in error, for my reimbursable expenses to the account listed above. It is my responsibility to update my account information as needed with Phi Gamma Delta.

I understand that reimbursement requests must be filed using Phi Gamma Delta's Expense Report and expenses will be reimbursed under the Fraternity's Expense Reimbursement Policy.

Signature: _____ Date: _____