

## **EFT Instructions**

This is the process for employees who would like to be reimbursed by direct deposit/electronic funds transfer (EFT). This is for employee reimbursements (e.g. travel). For payroll direct deposit, please contact Human Resources.

### **How to sign up for EFT**

1. Complete the EFT form that follows these instructions. Otherwise, the form is accessible from the [forms section on the ABA Website](#).  
from the alphabetical list of forms, click on either the Accounts Payable & Travel link or the Procurement & Contract Services link. This form is available in both areas.
2. Complete and sign the EFT form.
3. Add a voided check or letter from your bank to the EFT form. (Deposit Slips are NOT allowed.)
4. Send the form through the secure CSU Data Transfer Service - [MoveIt](#). Recipient should be [sarah.hansen@csus.edu](mailto:sarah.hansen@csus.edu).

### **What happens next**

Once you have signed up for EFT and have submitted your first travel claim, employee reimbursement request or travel advance, watch for the email notification that the payment has been sent to your bank. You may have to look in your “Junk E-mail” folder. If the email did end up in your “Junk E-mail”, then right click on the email and select “Junk” from the drop-down list and then “Never Block Sender”.

See bottom of form for instructions on how to send form to Sarah Hansen in Accounts Payable.

# EFT - Direct Deposit Employee Authorization Form for Travel or AP Payments

This form may NOT be used to request Payroll direct deposit.

CHECK ONE  New Request  
 Change of Bank or Account Number  
 Delete Authorization

CHECK ONE  Checking Account  
 Savings Account

Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_

Bank Name: \_\_\_\_\_

**TAPE A PRE-PRINTED VOIDED CHECK or LETTER FROM YOUR BANK WITH BANK ACCOUNT INFO HERE**

**DIRECT DEPOSIT CANNOT BE PROCESSED WITHOUT A VOIDED CHECK OR LETTER FROM YOUR BANK.**

I hereby authorize in accordance with the rules and regulations of the National Automated Clearinghouse Association ("NACHA") California State University, Sacramento (CSUS) to credit any reimbursement due to me via automated clearinghouse /electronic fund transfer ("ACH" or "EFT") to the bank and bank account owned by me referenced above. Further, I hereby authorize CSUS to withdraw funds from the above referenced bank account owned by me via ACH debit. Such debits are authorized only to perform legitimate and appropriate financial transactions between me and CSUS including, but not limited to, retrieval of reimbursement overpayments. This authorization will remain in effect until cancelled in writing. A new authorization must be completed if I change my bank account, close my bank account, or change financial institutions.

*Note:* I understand that CSUS requires ten (10) business days to set up this initial authorization and two (2) business days for funds to become available following an EFT electronic funds transfer.

I understand that, per CSUS travel policy and procedures, a travel advance is due and payable within 30 days after a trip is completed. If my completed travel expense claim shows that I did not use the entire advance requested, I am still responsible for the entire advance amount. I will repay any outstanding advance balance to the Bursar's office in Lassen Hall, Room 1001, and attach the receipt to my travel expense claim when submitting to the Accounts Payable Office in Modoc Hall, Room 3005 for processing. **My acceptance of a travel advance payment authorizes collection activities.** Failure to comply with this policy will result in collection activities that may include internal and external collection efforts, deduction from future travel expense claims, and/or tax refund offset.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Recipient's CSUS email address only

### Privacy Notification

The State of California Information Practices of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves. The principal purpose for requesting information on the form is to acquire authorization for reimbursement distribution to a financial institution of the individual's choosing. Furnishing all information on this form is mandatory. Failure to provide such information will delay or may even present completion of the action for which the form is being submitted.

Send this completed form through the secure CSU Data Transfer Service - [MoveIt](#) to [Sarah.Hansen@csus.edu](mailto:Sarah.Hansen@csus.edu). Please allow 10 business days for processing.

Vendor # \_\_\_\_\_ Entered By: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Employee Initials: \_\_\_\_\_