

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

OFFICE OF THE CHIEF FINANCIAL OFFICER

500 Fifth Street, NW
 Washington, DC 20001

**AUTHORIZATION AGREEMENT FOR
 DIRECT DEPOSIT OF TRAVEL EXPENSE REIMBURSEMENTS**

New Agreement

Change to a Previous Agreement

Traveler Name: _____

Type of Bank Account: Checking Savings

Mailing Address: _____

Bank Name: _____

Email Address: _____

Routing/ABA Number (9 digits): _____

Telephone Number: _____

NAS Contact Name: _____

Account Number: _____

FIND YOUR BANK ACCOUNT AND ROUTING NUMBER:

FOR CHECKING ACCOUNT

TONY MAPLE
 JENNIFER MAPLE
 123 Pear Lane
 Anyplace, GA 00000

PAY TO THE ORDER OF: _____ \$ _____

ANYPLACE BANK
 Anyplace, GA 00000

Routing number: 250250025
 Account number: 2020201186 1234

Do not include the check number.

1234
 15,000.00
 DOLLARS

FOR SAVINGS ACCOUNT

NAME
 ADDRESS
 CITY, STATE ZIP

DATE
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

BANK NAME
 ADDRESS
 CITY, STATE ZIP

Bank Routing Number: 23456789
 Bank Account Number: 012345678901234

CAUTION The routing and account numbers may be in different places on your check.

AUTHORIZATION: I hereby authorize the National Academy of Sciences (NAS) on behalf of the NAS, Institute of Medicine, National Academy of Engineering, and National Research Council to remit travel expense reimbursements via Electronic Funds Transfer (EFT) directly to my bank account at the bank and account designated above, and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically. I consent to and agree with the National Automated Clearing House Association Rules and Regulations regarding electronic transfers, and I understand and acknowledge that EFT may take approximately 30 days to become effective, and that this authorization will remain in effect until canceled in writing.

Traveler Signature (REQUIRED)

Date

Traveler MUST sign this form before submitting by email, fax, or mail.

Email: CashManagement@nas.edu

Fax: 202-334-1990
 Attn: Cash Management

Mail: Controller's Office
 The National Academies
 500 Fifth Street NW
 Keck W1005
 Washington, DC 20001

For use by OCFO only:

Traveler ID: _____

Entered by: _____ Date: _____

Audited by: _____

Date: _____