

EFT Instructions

This is the process for employees who would like to be reimbursed by direct deposit/electronic funds transfer (EFT) for employee travel payments (advances and claims) and/or reimbursements. *(For Payroll direct deposit questions, please contact Human Resources.)*

Only Stateside/CMP payments can be sent via EFT

How to sign up for EFT

IMPORTANT: *If working remotely and submitting electronically, **DO NOT** fill in your bank account number. Instead, enter in your phone number and note "Call for account number" at the top of the form. A member of our department will contact you for your bank account information in order to ensure confidentiality and data security.*

1. Complete the attached EFT form that follows these instructions.
2. Please confirm the routing number and account number with your banking institution. Tell them you need the information for "EFT payments".
3. Submit the paperwork in one of two ways:
 - a. Email the completed form to Payment Services at accounts_payable@csb.edu. Do not email your account number. Make sure to add your phone number if you would like us to call.
 - b. Submit the form in Adobe Sign, with accounts_payable@csb.edu as the last approver. In this case, **enter your account number on the form.**

Once you are signed up

Once you have signed up for EFT and have submitted your first travel claim, travel advance or other employee reimbursement request, 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 was in your "Junk E-mail", right click on the email and select "Junk" from the drop down list and then "Never Block Sender".

Submit this form in one of two ways:

1. Email the completed form to Payment Services at accounts_payable@csub.edu. **Do not email your account number.** Enter your phone number in that field and someone will call you to take the account number on the phone. Or
2. Submit the form in Adobe Sign, with accounts_payable@csub.edu as the last approver. In this case, enter your account number on the form.

EFT - Direct Deposit Employee Authorization Form for Travel or AP Reimbursements

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

Name _____

Account Type (check one)

☐ Checking

☐ Savings

Bank Name _____

Branch address _____

Bank Routing Number _____

Account Number _____

*****IMPORTANT** Please attach a voided check or deposit slip or confirm the routing number and account number with your banking institution. (Your debit card number is not your bank account number.)***

I hereby authorize in accordance with the rules and regulations of the National Automated Clearinghouse Association ("NACHA") California State University, Bakersfield (CSUB) to credit any reimbursement due to me via automated clearinghouse electronic fund transfer ("ACH") to the bank and bank account owned by me referenced above. Further, I hereby authorize CSUB 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 CSUB 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 CSUB 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 CSUB 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 Cashier's office in Administration East, and attach the receipt to my travel expense claim when submitting to the Payment Services Office in Administration East 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: _____

(CSUB email 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 principle 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 may delay or even prevent completion of the action for which the form is being submitted.

Contact Felisitas Alvarado with questions: falvarado3@csub.edu, x2535.

Vendor # _____ Entered By: _____ Date Entered: _____