

BIRDVILLE INDEPENDENT SCHOOL DISTRICT

Purchasing Department * 3124 Carson Street Haltom City, TX 76117 * 817-547-5629

EMPLOYEE REIMBURSEMENT FORM

FILL OUT AND FAX TO THE PURCHASING OFFICE @ 817-547-5544

| | |
|---------------------------------|------------------------------------------|
| _____ Employee Name | Please Check One Box |
| _____ Address | <input type="checkbox"/> New Request |
| _____ City, State & Zip Code | <input type="checkbox"/> Updated Request |
| _____ Phone | _____ Employee ID |

I hereby authorize Birdville ISD, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, correcting entries and adjustments for any credit entries in error to my (our) account (below) and the depository (bank) named below, hereinafter called DEPOSITORY, to credit and/or debit (only to correct an error) the same to such account. I (we) agree that ACH transactions I (we) authorize comply with applicable law.

| | |
|--------------------------------------|----------------------------------|
| _____ Depository (Bank) Name | |
| _____ Bank Address | |
| _____ City, State & Zip Code | |
| _____ Transit/ABA#/Routing Number | |
| _____ Account # | |
| <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |

I certify that the information above is true, correct, and that I, hereby authorize Birdville ISD Accounts Payable to electronically deposit reimbursements to the designated bank account. This authority remains in full force until Birdville ISD Accounts Payable receives written notification requesting a change or cancellation.

| | | |
|-------------------------------|------------------------|---------------|
| _____ Name (Please Print) | _____ Email Address | |
| _____ Signature | _____ Title | _____ Date |

Please return this original, completed form, along with a **VOIDED** check, directly to the fax or address above. The voided check is used for verification of account and routing numbers only.