



EMRA MEMBERS DIRECT DEPOSIT REQUEST FORM

EMRA currently offers direct deposits to an account for members who receive payments from EMRA. Deposits for these payments are limited to one account number.

- I understand that this option is available for payments issued under the normal Accounts Payable cycle (i.e., payments will be credited to my account 2-3 business days after issued),
- I understand that this option is available for reimbursements of expenses for which I have submitted an approved reimbursement request,
- I understand that this option is available for stipend payments,

I request that EMRA make payments to me via direct deposit. I will provide written notice to EMRA to cancel this request for direct deposit of payments made to me.

NAME: _____
Print name

SIGNATURE: _____

DATE: _____

PAYMENTS SHOULD BE SENT TO:

BANK / FINANCIAL INSTITUTION NAME:

ABA (Routing Number): _____
(Please verify with your bank)

MY ACCOUNT NUMBER: _____

GIVE FORM TO FINANCE