

ASLA VOLUNTEER DIRECT DEPOSIT REQUEST FOR EXPENSE REIMBURSEMENT

Direct Deposit Information

I,			would like my expense reimbursements
I, would like my expense reimbursements deposited to the following bank account (select one):			
	Checking	Account Number _	
	Savings	Account Number _	
Attach one of the following (select one) to ensure accurate bank information.			
□ Voided check			☐ Bank letter or specification sheet* *See your local bank representative
Bank Name			
Bank 9-digit Routing #			
Attach a voided check here.			
Employee Authorization			
			Date / /
Employee Signature			