

Direct Deposit Authorization for Employee Reimbursements

Date: [Insert Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Dear [Employee Name],

This letter serves as a confirmation of your request for direct deposit of your employee reimbursements. Please complete the information below to facilitate the direct deposit process:

Direct Deposit Information

Account Holder's Name: [Insert Name]

Bank Name: [Insert Bank Name]

Account Type: [Checking/Savings]

Account Number: [Insert Account Number]

Routing Number: [Insert Routing Number]

Please acknowledge your agreement to this direct deposit arrangement by signing below:

Signature: _____

Date: _____

If you have any questions, please feel free to contact the HR department.

Thank you,

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[City, State, Zip Code]