



## ACH Enrollment for Reimbursements

1. Full Name:

\_\_\_\_\_

2. Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

3. Phone Number:

\_\_\_\_\_

4. ACH (Direct Deposit) Information:

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type: \_\_\_ Checking \_\_\_ Savings

Required E-mail Address: \_\_\_\_\_

Your PDF check stub will be e-mailed when your ACH payment has been processed

Social Security Number: \_\_\_\_\_

This will be your document password (without dashes) used to open your check stub

5. Please refer to our *Payment Schedule* found on-line for invoice submission cut-off dates and payment dates.

6. Reimbursement Forms can be e-mailed to [payroll@yourfse.com](mailto:payroll@yourfse.com), faxed or mailed

7.

\_\_\_\_\_  
Signature of Reimbursement Recipient

\_\_\_\_\_  
Date