

Electronic Payment Authorization Form
for
Employee and Travel Reimbursements

Use this form to stop or restart electronic Employee and Travel reimbursement payments you receive from the University of Central Florida. Please note that the actions below in no way affect the direct deposit of payroll-related functions.

Name _____ Telephone _____

E-mail _____ Employee ID _____

Instructions:

(1) Check **Stop** if you wish to opt-out of receiving electronic employee and travel reimbursement payments. After the stop order is processed, you will receive future reimbursement payments by check.

(2) Check **Restart** if you wish to resume receiving electronic employee and travel reimbursement payments you had previously stopped. Reimbursement payments will be deposited into the account you have designated to receive your payroll payments.

Stop

Restart

Signature

Date

Your signature above signifies your acceptance of the terms and conditions in the **AGREEMENT** below.

AGREEMENT

I hereby authorize and request the University of Central Florida to initiate credit entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error. The electronic payment data remains in effect until withdrawn by:

- (a) my written notification to the university;
- (b) my death or legal incapacity;
- (c) the financial institution or
- (d) the University of Central Florida.

If you are completing a paper version of this form you may either mail or fax the completed request to:

University of Central Florida
ATTN: EFT Department
12424 Research Parkway
Suite 300
Orlando, FL 32826-3249
Telephone: (407) 882-1000
Fax No: (407) 882-1102