

Cambridge Public Health Alliance d/b/a Cambridge Health Alliance
PayMode® for Reimbursement Agreement

To receive your Travel and Expense Reimbursements through **PayMode®**, simply fill out this form and return it to Accounts Payable in Finance. Please attach a voided check to the form. Please note, a deposit slip is not sufficient. If you wish to deposit to a savings account, ask your bank to give you the Routing / Transit Number for your account. They may not be the same as the number on a savings deposit slip. This will ensure that there will be no delay in the deposits to your account.

PLEASE READ BEFORE COMPLETING AND SUBMITTING.

I hereby authorize Cambridge Public Health Alliance (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize my Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that the Company (or its payment processing agent) deposits funds erroneously into my account, I authorize the Company (or its payment processing agent) to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until the Company and my Bank have received written notice from me of its termination in such time and in such manner as to afford the Company and my Bank reasonable opportunity to act on it.

Employee Name: _____ Employee ID #: _____

Employee Signature: _____

Bank Account Information:

Bank Name / City / State: _____

Routing / Transit #: _____ Account #: _____

Account Type: Checking Savings

**** Cambridge Public Health Commission d/b/a Cambridge Health Alliance reserves the right to withdraw any unauthorized direct deposits or Automatic Clear House (ACH) transactions.**

To Be Completed by Accounts Payable: Date Received: ___ / ___ / ___ Date Completed: ___ / ___ / ___ A/P Processor: _____ A/P Verified: _____
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