



EDUCATIONAL SERVICE UNIT ONE

211 TENTH STREET
WAKEFIELD, NE 68784

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www.esu1.org



ESU #1 GENERAL FUND

AUTHORIZATION FOR DIRECT DEPOSIT OF EXPENSE CHECKS

I authorize Iowa-Nebraska State Bank to initiate a credit and/or debit entry to my account(s) for ESU #1 expense reimbursement (mileage/meals/professional development, etc.) purposes. This agreement is to remain in full effect until I supply written notification terminating this agreement.

Please deposit my expense check into the same account(s) as my payroll check that includes any split I may have designated. (If this option is chosen, voided checks do not need to be attached)

I would like my expense check deposited in a different account than my payroll check. Attached is a "voided" check(s) and I have indicated the amount or percentage to be deposited into each account.

Please e-mail my direct reimbursement deposit slip to: _____

Name (Please Print) _____

Signature: _____ Date: _____

Amount _____

Percentage _____

Amount _____

Percentage _____

Amount _____

Percentage _____