

**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 _____