



North Carolina Department of Public Safety Direct Deposit Reimbursement

- Initial Form
 Change Form

NOTE: If form is completed in hard copy, please **clearly** write all information ensuring accuracy. Depict zeros with a diagonal slash [0].

A. General Information

This form provides Department of Public Safety employees with the ability to have all reimbursements directly deposited into the employee's checking or savings account.

The Direct Deposit Reimbursement form:

1. Should be **initially** submitted with the Travel Reimbursement (*Form CNTR 003*) to the Department of Public Safety's General Accounting.
2. Should be **resubmitted** (with *Form CNTR 003*) anytime the information on this form changes.
3. Should **NOT** be submitted unless reimbursement is due **and** accompanied by the Travel Reimbursement (*Form CNTR 003*).

B. Employee Information

Name _____

Personnel No. _____

<u>Section/Location Information</u>	
Name _____	RCC # _____
Phone _____	Fax _____

Preferred Method of Deposit Notification (check and complete only **one**)

Fax _____

E-mail Address _____

C. Bank/Financial Institution Information (*Attach a Voided Check or Savings Account Deposit Slip to this Form.*)

**Banking/
Financial
Institution**

Name _____

Address _____

City _____ State _____ Zip Code _____

Routing Transit No. - -

Preferred Direct Deposit Account (check and complete only **one**)

Checking Account No. _____

Savings Account No. _____

D. Authorization Section

Signature _____

Date _____