



ACH ENROLLMENT FOR REIMBURSEMENTS

1. Full Name: _____

2. Address: _____

3. Phone Number: _____

4. ACH (Direct Deposit) Information:

Routing Number: _____ Account Number: _____

Account Type: _____ Checking _____ Savings

Required E-mail Address: _____

Your PDF check stub will be e-mailed when your ACH payment has been processed

5. Social Security Number: _____

This will be your document password (without dashes) used to open your check stub

Please refer to our *Payment Schedule* found on-line for invoice submission cut-off dates and payment dates.

6. Reimbursement Forms can be e-mailed to payroll@yourfse.com, faxed or mailed

Signature of Reimbursement Recipient

Date