

# Anybill Expense Reimbursement Direct Deposit Form

## Anybill automatically deposits expense reimbursements into the bank account you select.

- Convenient - payments automatically deposited into the bank account of your choice.
- Safe - eliminates the chance of lost, stolen, or damaged checks.
- Confidential - full service direct deposit reduces handling of sensitive information by others.
- Free - offered to all employees and sub-contractors at no additional charge

## How to enroll

Attach a voided check for your account, not a deposit slip. If depositing to a savings account, please ask your bank for the Routing / Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are reimbursed correctly. To sign up, simply fill out this form and **send it directly to Anybill** via:

### Mail

Anybill  
P.O. BOX 34781  
Bethesda, MD 20827-0781

### Fax

301-542-0167

### Email

[Anyhelp@Anybill.com](mailto:Anyhelp@Anybill.com)

please cc Sandra Corbett  
([scorbett@cra.org](mailto:scorbett@cra.org))

## Important! Please read and sign before completing and submitting.

*I hereby authorize Anybill to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Anybill to my account. In the event that Anybill deposits funds erroneously into my account, I authorize Anybill 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 Anybill and Bank have received written notice from me of its termination in such time and in such manner as to afford Anybill and Bank reasonable opportunity to act on it.*

## Account Information

Employee Name: \_\_\_\_\_ Anybill Client Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Type: Checking  Savings

Bank Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Routing / Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

When available, email payment notifications to: \_\_\_\_\_

**Attach a voided / canceled check here** – align bottom of check with bottom of form.

Please write "void" on check.