



CRA Direct Deposit Form

Computing Research Association (via Bill.com) automatically deposits expense reimbursements and/or stipend payments 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, vendors, and sub-contractors at no additional charge.

How to enroll

Attach a voided check for your account, not a deposit slip. If depositing to 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 Bill.com via:

Fax 202-380-0650 **or** **Email** gradcohortreimburse@cra.org

Important! Please read and sign before completing and submitting.

I hereby authorize CRA (via Bill.com) to deposit any amounts owed, 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 provided by CRA (via Bill.com) to my account. In the event that CRA (via Bill.com) deposits funds erroneously into my account, I authorize CRA (via Bill.com) to debit my account for an amount not to exceed the original amount of the erroneous credit.

You may elect to rescind authorization of the direct deposit at any time, but please allow 7-10 days for delay in processing.

Account Information

Payee Name: _____ **Bill.com Client Name:** **Computing Research Association**

Signature: _____ **Date:** _____

Type: **Checking** _____ **Savings** _____

Bank Name: _____ **City:** _____ **State:** _____

Routing / Transit #: _____ **Account Number:** _____

When available, email payment notifications to: _____

(Required) Address 1: _____

(Required) Address 2: _____

(Required) City, State and Zip Code: _____