



**Form Instructions:**

- 1.) All information should be typed (no handwritten requests)
- 2.) This form must be signed by the requestor (Employee) and submitted with a voided check to be accepted
- 3.) Completed forms should be emailed to the to the ACH Requests Email:  
[ACHRequests@browardschools.com](mailto:ACHRequests@browardschools.com)

<b>Date of Request:</b>	
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<b>Employee Type:</b>	<input type="checkbox"/> <b>New</b>	<input type="checkbox"/> <b>Current</b>	<b>Personnel #:</b>	
<b>PERSONNEL INFORMATION</b>				
<b>Employee Name:</b>				
	***Enter employee name exactly as it appears on employee records			
<b>School/Location Name</b>				
<b>School/Location #</b>				
<b>Telephone:</b>		<b>Cell Phone:</b>		
<b>Remittance Email</b>				
<b>Employee Signature:</b>				
(By signing above, I agree that all of the above information is accurate and complete)				
<b>PLEASE NOTE: A VOIDED CHECK OR BANK LETTER CONFIRMING BANKING INFORMATION MUST BE SUBMITTED WITH THIS REQUEST.</b>				
<b>CANCELLATION REQUEST</b>				
<input type="checkbox"/> Please cancel my Direct Deposit for mileage & travel reimbursement. I understand that by cancelling this direct deposit, I will now receive reimbursement checks.				
<b>Employee Signature:</b>				
(By signing above, I authorize the cancellation of my direct deposit for mileage & travel reimbursement)				