

Research Foundation for Mental Hygiene, Inc.

Employee Electronic Reimbursement

**** Please complete ALL sections and email to Contracts@rfmh.org ****

1. NAME & ADDRESS

Name		
Address		
Address		
City	State	Zip Code

2. CONTACT INFORMATION

Work Phone Number
Work Email Address & Payment Notification Will Be Sent Here

3. ELECTRONIC PAYMENT – If you would like to receive reimbursement payments electronically through ACH please complete the information below. By completing this section you authorize payments from RFMH to be deposited to the financial institution and account designated.

Bank Name & Address	Account Type: (Select One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Routing Number: (Contact your Financial Institution for this information) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number: (Please VERIFY with your Financial Institution!) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

4. SIGNATURE & DATE

Authorization to Recover Funds Deposited in Error:

By signing this form, you consent to allow the RFMH, through the financial institution, to debit the account (upon notice to you) and to use any other lawful means to recover any payments to which you are not entitled.

**** Email completed form to Contracts@rfmh.org ****