

**BOROUGH OF GLASSBORO**  
**BORO BUCKS STIMULUS REIMBURSEMENT**

<b>Business Information:</b>
Business Name:
Address:
Contact person:
Telephone #:
Email:
<b>Number of cards returned for reimbursement:</b>
Boro Bucks cards returned: \$10.00 = _____ \$20.00 = _____ Amount of Refund: \$ _____
<b>Payment:</b>
Check payment _____ ACH payment _____ Payment: <i>All refunds will be processed by October 16, 2020.</i>
<b>Date received:</b>
<b>For Accounts Payable Use Only</b>
Reviewed and Approved: Date:

**BOROUGH OF GLASSBORO**  
**Vendor ACH/Direct Deposit Authorization Form**

**1. Please Check One:**

NEW Direct Deposit

CHANGE Direct Deposit

CANCEL Direct Deposit

**2. Vendor/Payee Information**

Name:

Address:

Contact Person's Name (if other than payee):

Telephone Number:

ECheck Email Address:

**3. Financial Institution Information**

Bank Name:

Bank Address:

Name on Bank Account:

Bank Account Number:

Nine-Digit Bank Routing/Transit Number (ABA):

Type of Account:

Checking

Savings

**4. Approvals/Authorizations** - I certify that the information provided on this form is correct, and I hereby authorize the Borough Glassboro to electronically deposit payments to the bank account designated above. It is my responsibility to notify Elizabeth Sowers in Accounts payable ESowers@glassboro.org or 856-881-9230 ext 88154 immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify Accounts Payable in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until Accounts Payable has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important Information**

Please return completed form via email: **ESowers@glassboro.org**

**For Accounts Payable Use Only**

**Date Stamp - Received**

Reviewed and Approved:

Date: