

EFT Claim Reimbursement Request



Please complete the following information to have employee claim reimbursement paid by EFT.

EMPLOYEE INFORMATION

Company Name: _____

Employee Name: _____

REQUEST FOR DIRECT DEPOSIT

It is understood that:

- This banking information will be used for the sole purpose of depositing reimbursement.
- This information will be held in the Master File of the Company for which the employee is employed.
- HUB Financial Inc. reserves the right to pay the employee's reimbursement by cheque at any time.
- It is the sole responsibility of the employee to ensure the accuracy of the banking information on file. In addition, any subsequent changes in banking information must be reported in a timely fashion.
- HUB Financial Inc. may terminate payment by direct deposit without prior notice or authorization for the employee.

Employee Signature: _____

X

Date: _____

DD/MMM/YYYY

DIRECT DEPOSIT BANK ACCOUNT INFORMATION

Branch Number:	Bank Number:	Name of Bank:	Account Number:
_____	_____	_____	_____

⑈330⑈ ⑆69908⑈ ⑆19⑆ ⑆165551011⑈

Branch #
(5 digits)

Bank #
(3 digits)

Account #

