

## ORISE RESEARCH PARTICIPATION AT THE CDC



### **Electronic Fund Transfers (EFT) and Electronic Remittance Advice Delivery System (ERADS)**

ORAU/ORISE uses electronic fund transfer (EFT) technology to make all stipend, travel reimbursement and other program-related payments. This means that your net stipend can be transferred electronically from our bank directly to your designated account at the financial institution of your choice. EFT is a safe, proven, and effective method of payment. It has been used for years, and almost all financial institutions are able to accept EFT. Stipend payments will be credited to your account on payday, and the funds should be available to you immediately on that day. Travel reimbursements will be credited to your account as soon as your travel expenses are audited at ORISE.

#### **What are the benefits of EFT?**

With postal delivery occasionally disrupted or delayed, ORAU/ORISE cannot guarantee on-time mail delivery of checks. EFT ensures that payments are deposited promptly without worry of checks being delayed, lost or misdirected. It saves you time and effort because you do not have to go to the bank to deposit checks. With EFT, we reduce costs such as bank transaction fees and postage and decrease labor hours reconciling bank accounts and tracking outstanding checks.

#### **What are the benefits of ERADS?**

The Electronic Remittance Advice Delivery System (ERADS) is currently available for travel reimbursements. When we electronically deposit your payment, the ERADS system sends you an email notification of the deposit. If ORISE auditors make a change to the reimbursement amount on your Travel Expense Statement, a copy of the revised TES will be e-mailed to you. Receipt of the revised TES does not indicate that the reimbursement payment has been transferred to your bank account, but the EFT should occur within a few days. The ERADS notification is confirmation that the EFT has occurred.

ERADS is not yet available for stipend payments. A paper check stub is mailed to your postal address after EFT of your stipend payment. The stub (statement of earnings) details your stipend and deductions for the pay period and the year to date.

#### **How do I sign up?**

It's easy! Just fill out the enclosed EFT/ERADS authorization form and attach a required voided check or deposit slip. **Please verify your account and transit routing numbers with your bank or financial institution.** *Special note to our overseas participants: ORISE can make electronic direct deposits **only** to U.S. financial institutions. Please verify that your financial institution has a **U.S. transit routing number.*** After completing the form, return it to CDC Programs, ORISE, MS 36, P.O. Box 117, Oak Ridge, TN 37831-0117.

#### **Questions?**

If you have questions about EFT/ERADS, please contact Debbie Alcorn at [alcornmd@orau.gov](mailto:alcornmd@orau.gov) or Mona Carrasco at [carrascr@orau.gov](mailto:carrascr@orau.gov).

Travel Contact: Debbie Alcorn  
For Office Use: M B



Authorization Agreement for Electronic Fund Transfers (EFT)

NAME (PLEASE PRINT): \_\_\_\_\_ PHONE #: \_\_\_\_\_

PARTICIPANT MAILING ADDRESS (FOR CHECK STUB): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

FINANCIAL INSTITUTION/BRANCH: \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_

ACCOUNT TYPE: (check one)  Checking  Savings

ACCOUNT NUMBER:

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TRANSIT ROUTING NUMBER: (number on the bottom of your check at the extreme left inside special characters; to avoid errors, please verify this number with your bank.)

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**A. EMAIL THE REMITTANCE ADVICE TO THE FOLLOWING:**

EMAIL ADDRESS: (27 characters or less): \_\_\_\_\_

**B.** I hereby authorize Oak Ridge Associated Universities, Inc. to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated above. I also authorize the financial institution indicated above to credit and/or debit the same to such account. This authorization is to remain in full force and effect until it is replaced by the above named with another authorization agreement or until the above named notifies ORAU in writing of their desire to terminate this agreement or until ORAU terminates this agreement for lack of activity with the above named.

SIGNATURE & DATE: \_\_\_\_\_

**C.**

**ATTACH A VOIDED BLANK CHECK OR DEPOSIT SLIP  
(REQUIRED FOR DIRECT DEPOSIT TO CHECKING ACCOUNTS)**