



WEST CENTRAL ALABAMA AHEC CBET DEPOSIT FORM

Today's Date:	
Student Name:	Phone Number:
Program of Study:	Email:
Bank Name and Bank Acct. #	Routing #
Checking Account <input type="checkbox"/>	Savings Account <input type="checkbox"/>
<p>Forms: I have met the requirements for CBET (community based experiential training) reimbursement and have included all of the necessary documentation as follows:</p> <p>(please check all that apply)</p> <p>Deposit Form <input type="checkbox"/></p> <p>CBET Form <input type="checkbox"/></p> <p>Mileage/Housing Reimbursement Form <input type="checkbox"/></p> <p>Leasing Agreement (if applicable) <input type="checkbox"/></p> <p>W-9 Form <input type="checkbox"/></p>	
<p>My signature below indicates that I have given the West Central Alabama AHEC permission to deposit reimbursement funds into the above bank and bank account number.</p>	
Student Signature:	
Approved by:	Date Approved:

