Volunteers of America®
MINNESOTA

RSVP Reimbursement Form

This form is to be completed by a volunteer to elect the format he/she wishes to receive mileage reimbursement and to initialize or change his/her Direct Deposit information. The completed form should be returned to your RSVP Coordinator.

☐ **New Volunteer** ☐ **Change to Existing Volunteer**

(Please Print)

First Name ______________________ MI_____ Last Name ______________________________

Address ____ Apt. # ______________

City________________________________ State _______ Zip Code __________________

Home Phone: ________________________ Work Phone: ____________________________

E-Mail __________________________

I elect to have my reimbursement delivered to me in one of the following ways: OPTION #1 OR #2

OPTION # 1

☐ **Direct Deposit**

For Direct Deposits, we make every effort to ensure that your initial reimbursement is a "Direct Deposit" to your account, but we cannot guarantee that will occur. Your first reimbursement may be issued as a "paper check". Please plan accordingly.

Direct deposit will take time to set up. You must attach a voided check or Bank Routing/Savings Account #'s for Direct Deposit.

☐ Please deposit my entire reimbursement check to my **checking account**.
You must attach a voided check

☐ Please deposit my entire reimbursement check to my **savings account**.
You must attach a Savings Deposit slip or Bank Routing # and a Savings Account #

---PLEASE ATTACH A VOIDED CHECK *OR* SAVINGS ACCOUNT DEPOSIT SLIP HERE---

OPTION # 2

☐ **Paper Check**

SIGNATURE ____________________________________ EFFECTIVE DATE ____________

RSVP Coordinator Signature ______________________________________ Date______________