

Office of Business Affairs

Authorization for Direct Deposit of Travel and Expense Reimbursements

■ New	Change	Cancel
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- 1. Read and complete the information requested below.
- 2. The bank you specify must be a member of Automated Clearing House. Contact your bank to obtain the Bank Code.
- **3.** Determine where you want your Travel and Expense payment deposited. You may have it deposited in any of your existing savings or checking accounts.
- **4.** Provide details concerning your bank account.
- **5.** For checking accounts, attach an unsigned personal check with the word "VOID" written across the face of it. Do not sign the check. For savings accounts, attach a copy of a deposit slip.
- **6.** Return this completed agreement directly to:

Office of Business Affairs Newman Hall, Room 204 Queens campus Fax (718) 990-5935

Please sign me up for Travel and Expense Direct Deposit. I authorize St. John 's University to deposit payments into the account named below. This authority will remain in force until I have given written notice that I have terminated it or until St. John's University has notified me that this deposit service has been terminated. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If ever an incorrect amount should be deposited to my account, I authorize my bank and St. John's University to make the appropriate adjustment.

Please print:

Employee's Name:		X#	X#	
Employee's Address:				
City	State	Zip code	Ext	
E-Mail Address (required)				
Routing Number:,,, Your bank's routing number (ABA	number) appears at the	_,, _ e bottom left of your chec	ck between the ma	arks indicated.
Bank Name				
Account #		Checking	Money Market	☐ Savings
Branch Address				
Employee's Signature:		С	Date	