



**DIRECT DEPOSIT EMPLOYEE EXPENSE
REIMBURSEMENT**

Employee Information:

Name: _____

E-Mail Address: _____
(remittance advice will be sent via email)

I hereby authorize Saint Joseph's College to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the net pay designated banking institution and account as noted in the ADP Payroll system.

This authority is to remain in full force and effect as long as I am employed at Saint Joseph's College and applies to all Saint Joseph's College expense reimbursements.

Employee Authorization:

Signature

Date

Routing: Employee >>> Dean or Director >>> VP >>> Accounts Payable
cbarton@sjcme.edu