

Employee Express Reimbursement Automatic Deposit of Expenses Instructions

To receive your expense reimbursements via automatic deposit from the State of New Jersey, complete and return the attached form with a **voided check or bank letter**. This letter must include ABA number (routing or transit number), bank account number, and type of account (checking or savings). For additional information, call 609-292-1865.

PLEASE PRINT ALL ENTRIES (except for signature).

1. **Name:** Enter your name. Must not exceed 30 positions including spaces and punctuation marks.
2. **Bank Name:** Enter the name of depository bank/financial institution receiving ACH credit.
3. **Account Type:** Check appropriate box.
4. **Employee Signature:** Date and signature authorizing the State of New Jersey to deposit directly into bank account listed on form.
5. **Telephone No.:** Enter your telephone number, including area code.
6. **Employee ID:** Enter your nine-digit employee ID issued by the State of New Jersey.
7. **Bank Transit/ABA No.:** Enter your bank's nine-digit American Banking Association Number. This number is also known as the bank transit or routing number.
8. **Bank Account No.:** Enter your checking/savings account number. This is a variable length field; the size is dependent on the receiving bank's account structure.

NOTES:

- Employee will receive a check until bank process is completed (typically two weeks).
- When a change is made to the employees' ABA and/or account number, the employee is required to notify the State as soon as possible to allow time for the preparation of a new authorization form and to allow for the pre-notification of the changes to the State's disbursing bank.
- Details regarding specific ACH payments, similar to a check stub, may be obtained over the internet through the Vendor Payment Inquiry (VPI) system. VPI also provides two years of historical data and allows for the review of scheduled payments. To obtain an authentication code to access VPI contact John.Wiacek@treas.state.nj.us.

Form Distribution: Completed form along with the required voided check or bank letter should be mailed or faxed to:

**Department of the Treasury, Office of Management and Budget, PO Box 221, 6th Floor
Room 674, Trenton, N.J. 08625-0221
Fax: (609)-984-5210**