



Direct Deposit Authorization

Name: _____

Work Phone: _____

Last Four of Social: XXX-XX-_____

Up to three fixed amounts or percentage deposits may be processed

Account Type: Checking or Savings	New, Additional or Change	Cancel	Name of Financial Institution	ABA Transit Number/Routing Number	Account Number	Amount or Percent
1.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> New Additional Change	<input type="checkbox"/>				\$ _____ _____ % <input type="checkbox"/> Net
2.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> New Additional Change	<input type="checkbox"/>				\$ _____ _____ % <input type="checkbox"/> Net
3.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> New Additional Change	<input type="checkbox"/>				\$ _____ _____ % <input type="checkbox"/> Net

New – when establishing a new primary account or first direct deposit

Additional – second or third accounts

Change – If changing the amount.

If establishing a new primary account employee will need to **cancel** previous primary account on a separate line.

Net box should be checked for any remainder amount after specific dollar or percentage amounts have been deducted, OR if the entire net is to be deposited into one account.

How to Read an American Banker's Association Transit & Routing Number

Date: _____

Pay to the Order of _____

_____ Dollars

SAMPLE

|: 1 2 3 4 5 6 7 8 9 |: 0 2 2 9 9 9 - 9 9 9 9 9 9 9 || 44

•The ABA Transit Number falls between the |: and |: markings

•Your complete Account Number falls between the second |: and marking the || marking

•The ABA Transit Number and Account Number on the Direct Payroll Deposit

Authorization Form would be completed for the check at top as: ABA Transit Number 123456789

Account Number 022999-9999999

I _____ (Employee) hereby authorizes the Board of
(PRINT NAME)

Cooperative Educational Services of Albany-Schoharie-Schenectady Counties (BOCES) to electronically deposit Employee's net pay each pay period to the Financial Institution indicated on the Direct Deposit Authorization submitted herewith (Authorization). Employee understands that BOCES acts as Employee's agent for the purpose of remitting Employee's net pay to the Financial Institution(s) identified on the Authorization and the BOCES assumes no further function or responsibility in connection with Employee's account.

By signing below, Employee agrees to the following terms and conditions:

Consent to allow the BOCES, through Financial Institution, to debit Employee's account(s), without notice, to recover any payments to which Employee was not entitled as determined by the BOCES, and which was deposited to Employee's account(s) in error or by mistake. This means of recovery shall not prevent the BOCES from utilizing any other lawful means to retrieve salary payments to which the Employee is not entitled.

Employee will not hold the BOCES responsible for any delays in the deposit of funds to Employee's account(s).

Employee's authorization remains in full force and effect until Employee notifies the BOCES in writing of Employee's termination of Authorization in such time and manner as to afford the BOCES and the Financial Institution a reasonable opportunity to act on it.

When changing accounts, Employee agrees to notify the payroll office in writing by revoking the current Authorization and submitting a new Authorization (available at CAPREGBOCES.org). Employee understands that changes may take up to two pay cycles or four weeks to become effective.

Employee Signature

Date

Business Office Use

Date Received:

Effective Date:

Processed by: