



Oneida-Herkimer-Madison BOCES

P.O. Box 70 • 4747 Middle Settlement Road • New Hartford, NY 13413-0070

www.oneida-boces.org

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL

I hereby authorize Oneida-Herkimer-Madison BOCES to initiate automatic deposits into my account(s) at the financial institution(s) listed below. I also authorize Oneida-Herkimer-Madison BOCES to debit the account(s) upon notice to the account owner in order to recover any payment to which the employee is not entitled or which was deposited to the account(s) in error.

I agree not to hold Oneida-Herkimer-Madison BOCES responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution(s) or due to an error on the part of my financial institution(s) in depositing funds into my account(s).

This agreement will remain in effect until Oneida-Herkimer-Madison BOCES receives written notice of cancellation from me or my financial institution(s) or until I submit a new direct deposit authorization to the payroll department.

Employee Name

Social Security Number

Employee Signature

Date

ACCOUNT INFORMATION

Action: New Enrollment

Change In Enrollment

Account Type: Checking

Savings

Name of Financial Institution

Routing Number

Account Number

Deposit Amount: _____ % OR \$ _____ (flat amount)

Account Type: Checking

Savings

Name of Financial Institution

Routing Number

Account Number

Deposit Amount: _____ % OR \$ _____ (flat amount)

MUST ATTACH a voided check or bank direct deposit authorization form