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PAYROLL DISTRIBUTION FORM

(to be completed by new employees or by employees who wish to change their distribution location) I wish to have direct deposit.* Please complete "Authorization Agreement for Direct Deposit of Payroll" and return to Central Business Office in order to initiate a payroll deduction to your financial institution. Please select one of the following indicating where you would like to receive your payroll check or direct deposit notice: I wish to receive my payroll check at the Career & Technical Education Center. I wish to receive my payroll check at the Special Education Center. I wish to receive my payroll check at the Itinerant Services Center. I wish to receive my payroll check at the Alternative Education Center. I wish to receive my payroll check at the Alternative Education Center at Lincoln Avenue. I wish to receive my payroll check at the Administrative Services Center. I wish to receive my payroll check at the Support Services Center. I wish to receive my payroll check at the Program & Professional Learning Center. I wish to receive my payroll check at the Information & Technology Center. (Brodock Press Complex) I wish to have my check/direct deposit notice mailed. Employee Name (Please Print) Date

Employee Signature

^{*}Employee may choose not to receive direct deposit payroll stubs by opting out of printing stubs in the "My Paycheck Printing Elections" section of WinCap Web. Employee may print a copy direct deposit payroll information at any time from WinCap Web.