



Oneida-Herkimer-Madison BOCES

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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 Payroll Office in order to initiate a payroll deduction to your financial institution. A voided check or direct deposit account declaration from the bank must be attached to the authorization.

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 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 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.