



Board of Cooperative Educational Services
www.capregboces.org
Leaders for Educational Excellence

900 Watervliet-Shaker Road
Suite 102
Albany, NY 12205

Telephone 518-862-4933, 4932
Fax 518-862-4949

DIRECT DEPOSIT AUTHORIZATION

Employee Name: _____

Social Security Number: _____

Type of Request

A – Establish

C – Change

D – Cancel

Name of Bank or Financial Institution: _____

Bank Address (If known): _____

Zip: _____

Account No. _____

Type of Account

Checking

Savings

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

Your Name	1144
Pay to the	_____ 20 _____
Order of _____	_____ Dollars
Sample	
: 1 2 3 4 5 6 7 8 9 : 8 2 2 9 9 9 - 9 9 9 9 9 9 9 9 1144	

- 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 left as ABA Transit Number 123456789 Account Number 022999-9999999

EZQDD11.09

I hereby authorize the Board of Cooperative Educational Services of Albany-Schoharie-Schenectady Counties (BOCES) to electronically deposit my net pay each pay period to the financial institution indicated. I understand that BOCES acts as my agent for the purpose of remitting my net pay to the financial institution and the BOCES assumes no further function or responsibility in connection with my account.

By signing this authorization, the employee and each joint tenant, if any, each consent to allow the BOCES, through financial institution, to debit the account, upon notice to the account owners, in order to recover any salary to which the employee was not entitled, which was deposited to the account 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.

The BOCES cannot be held responsible for any circumstances which delay the timely deposit of funds to an employee's account.

This authorization is to remain in full force and effect until the BOCES has received written notification from me of its termination in such time and manner as to afford the BOCES and the financial institution a reasonable opportunity to act on it. **I understand that I may modify this authorization for any reason only once per school year.**

When changing accounts, you must notify the payroll office in writing by revoking the current authorization and submitting a new form (available at CAPREGBOCES.org). It takes approximately two pay cycles or four weeks to change direct deposit banks or accounts. The first payroll cycle you will receive a check to take to the bank to cash as the new bank information must be sent to the new bank and checked for accuracy. Your monies will be deposited into your new account for the 2nd payroll cycle.

To ensure that your checking account is properly credited, please attach a voided or photocopied check from your checking account. If you wish direct deposit to a savings account please double check the account number you have listed on the reverse side of this form for accuracy.

Signature	Date	Signature of Joint Tenant, (if any)	Date
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To cancel or change direct deposit:

I hereby wish to cancel my direct deposit.

- Payroll check to be mailed to my home address
- Form attached for new account

Signature	Date
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Business Office Use

Date Received: _____
Bank Code: _____
Effective Date: _____
Processed by: _____