

DIRECT DEPOSIT OF PAYROLL
Authorization or Revocation

EMPLOYEE NAME: _____

EMPLOYEE ID NUMBER: _____ (Available in www.WinCapWeb.com or on paycheck stubs)

To initiate direct deposit:

Regular staff members appointed to a position of 6 months or more who wish to direct deposit payroll to a financial institution, may choose from the approved banking institutions as noted below. In order to initiate a direct deposit, you must complete this authorization form and provide bank affiliation data. When changing accounts, you must notify the payroll office in writing at least **two** weeks in advance, by revoking the current authorization and submitting a new Direct Deposit of Payroll form (HR-E014). It is the employee's responsibility to notify the Payroll Office of subsequent changes in banking arrangements. Failure to do so may result in the deposit of funds to an inactive account and resulting delays in rectifying the error.

Choose one of the following banks: (If you wish to direct deposit to more than one account contact the payroll office).

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Adirondack Trust Company | <input type="checkbox"/> Community Bank N.A.* | <input type="checkbox"/> Navy Federal Credit Union* | <input type="checkbox"/> Sunmark Bank* |
| <input type="checkbox"/> Ballston Spa National Bank | <input type="checkbox"/> Cooper Cave Federal Credit Union* | <input type="checkbox"/> NBT Bank* | <input type="checkbox"/> TCT Credit Union |
| <input type="checkbox"/> Bank of America | <input type="checkbox"/> First Niagara | <input type="checkbox"/> Parks Heritage Federal Credit Union* | <input type="checkbox"/> TD Banknorth |
| <input type="checkbox"/> Berkshire Bank | <input type="checkbox"/> Glens Falls National Bank | <input type="checkbox"/> Pioneer Savings Bank* | <input type="checkbox"/> Trustco |
| <input type="checkbox"/> Capital Communications Federal Credit Union | <input type="checkbox"/> Hudson River Community Credit Union* | <input type="checkbox"/> Saratoga's Community Federal Credit Union | <input type="checkbox"/> 1 st National Bank of Scotia* |
| <input type="checkbox"/> Chase Bank* | <input type="checkbox"/> Key Bank NA | <input type="checkbox"/> Saratoga National Bank & Trust | |
| <input type="checkbox"/> Citizens Bank | <input type="checkbox"/> M & T Bank* | <input type="checkbox"/> SEFCU* | |

***New Effective 7/1/2014**

Account Number: _____ Please indicate: Checking ___ Savings ___

ABA/Routing Number _____
(9-digit number on bottom left side of check or deposit slip)

Attach a voided deposit slip or voided check to this authorization form. Without these, the direct deposit cannot be processed. Please note that your name and address SHOULD be 'imprinted' on the deposit slip or cancelled.

AFTER DIRECT DEPOSIT IS IN EFFECT, ALL PAYCHECK STUBS WILL BE AVAILABLE VIA WWW.WINCAPWEB.COM. It is strongly advised that the participating individual confirm any deposits before drawing on the aforementioned account.

By signing this authorization, I consent to allow WSWHE BOCES to initiate a direct deposit of my net pay each pay period to the above identified account, and to initiate (if necessary) debit entries and adjustments for any credit entries in error to my account. In the event of an overpayment I agree to repay BOCES the amount of the overpayment. 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. This authority shall remain in full force and effect for all purposes while I am employed at the BOCES or until revoked by me in writing giving the BOCES and financial institution a reasonable opportunity to act on it. It shall be the BOCES right to automatically suspend or stop my direct deposit upon separation of employment or other circumstances as deemed appropriate.

I understand the BOCES cannot be held responsible for any circumstances which delay the timely deposit of funds to my account.

Employee Signature: _____ Date: _____

To cancel or change direct deposit:

I hereby revoke authorization to direct deposit to the account listed below.

Bank Name: _____ Account Number: _____

Employee Signature: _____ Date: _____

Payroll Department Use:

Date of direct deposit initialization/cancellation: _____

Processed By _____

Date _____

Send completed form and attached check or deposit slip as applicable to: Payroll at the above address.