WESTERN SUFFOLK BOCES

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Section 1: Update of Contact Information:																						
Name:																						
Mailing Address:																						
Email Address:																						
Home Phone:	ne:						Cell Phone:															
Section 2: Elec	t to rece	eive	com	mun	icatio	ons	inclu	udin	g inv	oice	s (choose one)											
By Email								By USPS mail														
Section 3: Elect Method of Payment to Western Suffolk BOCES: (choose one)																						
I will pay by check								I will pay by ACH Electronic Transfer (Complete Below)														
New Request									Change account information													
Section 4: Aut	horizatio	on fo	or Se	tup o	or Ch	ang	es															
WSB Employee ID – not required									Last 4 of Social Security # - Requi	ired	X X X - X X -											
Employee/Retiree Name as shown on bank account:																						
Employee email address:																						
											ccordance with all land conditions for E											
Authorized Signa	ature:												Dat	e:								
Bank Routing Num (must be 9 digits)	nber										Bank Account Nu	mber										
Type of Account: Checking Savings																						
lease complete the nat account informerms and Condition	nation is e								_							•						•
roviding account in		on de	oes n	ot au	thoriz	ze W	/este	rn Su	ıffolk	ВОС	CES access to your	accou	ınt.									

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We will initiate a pre-notification to your financial institution prior to retrieving payment. The pre-notification is a zero-dollar entry transmitted to your financial institution for the purpose of verifying the accuracy of the account and routing numbers provided and entered into our system. Only the retiree can make any changes to the information provided on this form in writing. Changes to account information will cause the original authorization to be immediately inactive and the new account information will be processed as described above. The authorization will remain in effect until terminated in writing from the retiree, with sufficient notice to Western Suffolk BOCES. Western Suffolk BOCES will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this Direct Deposit Payment Authorization Form. All payments to Western Suffolk BOCES will be withdrawn from a single designated account.

MEDICARE REIMBURSEMENT ELECTION

Section 5: Elect Method to Receive Payment from Western Suffolk BOCES: (choose one)									
I will be paid by check	I will be paid by ACH Electronic Transfer using the same account above								