



**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT  
FOR EXPENSE REIMBURSEMENT**

Complete and sign application.

[CLICK HERE TO UPLOAD COMPLETED FORM](#)

or

FAX: 516/997-8742

**CONTACT INFORMATION**

NAME:		DATE:
MAIN ADDRESS:	EMPLOYEE ID #:	
	SUPERVISOR:	
CITY:	BUDGET CODE:	
STATE:	ZIP:	

HOME PHONE #:
CELL PHONE #:
TAX ID/SOCIAL SECURITY #:
EMAIL ADDRESS FOR REMITTANCE ADVICE:

**DIRECT DEPOSIT INFORMATION IF LEFT BLANK CHECK WILL BE ISSUED TO MAIN ADDRESS ABOVE**

NAME OF FINANCIAL INSTITUTION:	
FINANCIAL INSTITUTION PHONE:	
NAME ON YOUR ACCOUNT:	
YOUR ACCOUNT NUMBER:	
BANK ABA/ROUTING NUMBER:	
TYPE OF ACCOUNT:	

*I hereby authorize Nassau BOCES and the financial institutions involved in processing of my payments to receive confidential information necessary to effect electronic payments. If signed by a fiduciary on behalf of the payee, I certify I have the authority to execute this authorization on behalf of the payee. I hereby agree that this authorization will remain in effect until Nassau BOCES is notified of a change in status.*

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**PRINT NAME**

**SIGNATURE**