



**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT
FOR EXPENSE REIMBURSEMENT AND ELECTRONIC ACCESS**

Complete application and return to one of the following:
 FAX: 516/333-6379, INTEROFFICE TO JAMES WIDMER or
 EMAIL: jwidmer@nasboces.org

CONTACT INFORMATION

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

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|--------------------------------------|
| HOME PHONE #: |
| CELL PHONE #: |
| EMAIL ADDRESS FOR REMITTANCE ADVICE: |

DIRECT DEPOSIT (OPTIONAL) - INFORMATION IF LEFT BLANK CHECK WILL BE ISSUED TO MAIN ADDRESS ABOVE

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| 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 |