

**BOARD OF COOPERATIVE EDUCATIONAL SERVICES
OF NASSAU COUNTY
DIVISION OF BUSINESS SERVICES**

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL

PLEASE READ CAREFULLY

I authorize the Board of Cooperative Educational Services of Nassau County to deposit my net pay directly into my **CHECKING** _____ or **SAVINGS** _____ account (select one) and to initiate (if necessary) debit entries and adjustments for any credit entries in error to my account. For purposes hereof "net pay" shall mean and include my gross pay net of all withholdings including, without limitation, Federal withholding, state withholding, city withholding, F.I.C.A. , medicare, retirement, annuity, union dues, agency shop fees, garnishments, life insurance, dental insurance, disability insurance, health insurance, credit union and U.S. Savings Bonds.

◆To insure that my account is properly credited, I have attached a voided check or a copy of a check from my checking account for information purposes or a coded deposit slip from the savings account where my net pay will be deposited, and I have completed the form below.

I hereby covenant and agree that I shall indemnify the Board of Cooperative Educational Services of Nassau County and its directors, officers, employees and agents and each of their successors and assigns and hold them harmless from and against and in respect of any and all costs, losses, claims, liabilities, fines, penalties (including interest which may be imposed in connection therewith and court costs and reasonable fees and disbursements of counsel) incurred by any of them arising from, or in connection with, any information or any misinformation provided or required to be provided by me.

I agree that this authorization will remain in effect until I provide written notification to the Board of Cooperative Educational Services of Nassau County terminating this service.

Print Name
Employee # _____

Signature

Date

ELECTRONIC TRANSFER OF FUNDS REQUEST

Your Bank's Name

Name on Your Account

Bank's street address

Your Account Number

Bank town, state, zip code

Bank ABA / Routing Number if available

Bank telephone number

Your Social Security Number

*******Please allow two payroll periods for this direct deposit request to begin *******

SEND TO ATTENTION OF PAYROLL DEPT.

