Hamilton-Fulton-Montgomery BOCES Direct Deposit Enrollment Form

To enroll for direct deposit, please read the instructions with this form and fill in the information requested. Please return your completed form to the Hamilton-Fulton-Montgomery BOCES, Payroll Department, 2755 State Highway 67, Johnstown, NY 12095.

Note: This Form is a legal document and cannot be altered by the Hamilton-Fulton-Montgomery BOCES, Employee or Financial Institution. If there are any changes, the employee must complete another form.

_	pe of Transaction					
Pleas	e check one:	New	_ Chang	e		
	mployee Informat byee Name (Last, Firs					
Socia	Security Number:					
Addre	ess:					
Phone numbers: Work:			Home:		Cell:	
III. 7 1.	TYPE OF DEPOSIT ACCOUNT TYPE:	-		Savings		
	FINANCIAL INSTITU	JTION:				
	Address:					
	Account Number_					
	ABA Routing Numb	per (1st 9 digit nu	umber on the	bottom of your che	eck):	
	Deposit Amount: _	% OR	\$	(Flat amount)	OR	Remaining Net amount
2 .	ACCOUNT TYPE:	Checking _		Savings		
	FINANCIAL INSTITUTION:					
	Address:					
	Account Number_					
	ABA Routing Numb	per (1st 9 digit nu	umber on the	bottom of your che	eck):	
	Deposit Amount: _	% OR	\$	(Flat amount)	OR	Remaining Net amount
3.	ACCOUNT TYPE:	Checking _		Savings		
	FINANCIAL INSTITU	JTION:				
	Address:					
	Account Number_					
	ABA Routing Numl	per (1st 9 digit nu	umber on the	bottom of your che	eck):	
	Deposit Amount: _	% OR	\$	(Flat amount)	OR	Remaining Net amount
l certi this fo	•	nd understand th		_		n for recovery. In signing ove to be deposited to the

Signature: _____ Date: _____

Information to the Employee (Please Read Carefully)

INSTRUCTIONS FOR DIRECT DEPOSIT ENROLLMENT FORM:

- I. Type of Transaction: Please check New or Change and complete sections II and III.
 - A new transaction or change will take at least two payroll periods for processing. If the employee should change financial institutions, they should maintain accounts at both financial institutions until the transaction is complete (e.g. until the new financial institution receives the employee's direct deposit payment).
 - The agreement represented by this authorization remains in effect until cancelled by the employee. The agreement represented by this authorization may be cancelled by the financial institution by providing the employee and Hamilton-Fulton-Montgomery BOCES with a notice of 30 days in advance of the cancellation date. The financial institution cannot cancel the authorization without notification to both the employee and Hamilton-Fulton-Montgomery BOCES.
- II. **Employee Information:** Please fill in all information in this section.
- **Type of Deposit**: Indicate checking or savings for each deposit account (1-3). If you are depositing your entire net pay, please indicate Deposit Amount: 100%. You may select partial deposits for more than one account. For the deposit of the remaining amount of your pay, please check the box "Remaining net amount" for that account.
- IV. **Depositor Certification:** Please make sure that the Depositor Certification section at the bottom of the form is signed and dated appropriately.

PLEASE RETURN ALL COMPLETED DIRECT DEPOSIT FORMS TO HAMILTON-FULTON-MONTGOMERY BOCES PAYROLL DEPARTMENT.

AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR:

By signing the Direct Deposit Enrollment Form, the employee and each joint tenant, if any, consent to allow Hamilton-Fulton-Montgomery BOCES, through the financial institution, to debit the account, upon notice to the account owners, in order to recover any salary to which the employee was not entitled, or which was deposited to the account in error or by mistake. This means of recovery shall not prevent Hamilton-Fulton-Montgomery BOCES from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled.

If you have questions, please contact the Payroll Office or the Treasurer's Office at (518) 736-4310.

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