



# DIRECT DEPOSIT FORM

Casual Employee

**\*\* NOTE:** Employee is responsible for electronically obtaining direct deposit slip for each payroll period using MyWinCap. Direct deposits will not be printed or mailed by ONC BOCES.

Attach voided check *HERE*

Employee Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Active Email Account: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Routing Number: \_\_\_\_\_

Checking  
Account #: \_\_\_\_\_ Amount or %: \_\_\_\_\_

Savings  
Account #: \_\_\_\_\_ Amount or %: \_\_\_\_\_

Does this bank information override an existing direct deposit?    Yes \_\_\_\_\_    No \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date