



DIRECT DEPOSIT FORM

**** 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: _____

Address: _____

Name of Bank: _____

Address: _____

Routing Number: _____

Checking Account #: _____ Amount or %: _____

Savings Account #: _____ Amount or %: _____

Please select option:

- Payroll Direct Deposit ONLY
- Reimbursement Payments ONLY (mileage, conference/workshop expenses, tuition)
- BOTH Payroll Direct Deposit and Reimbursement Payments

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

Signature

Date