



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Complete application and return to the following:

FAX: 516/333-6379

EMAIL: jsiegel@nasboces.org

CONTACT INFORMATION

NAME:		DATE:
MAIN ADDRESS:		VENDOR ID #:
CITY:	STATE:	ZIP:

HOME PHONE #:
CELL PHONE #:
TAX ID/SOCIAL SECURITY #:

DIRECT DEPOSIT INFORMATION

NAME OF FINANCIAL INSTITUTION:	
FINANCIAL INSTITUTION PHONE:	
NAME ON YOUR ACCOUNT:	
YOUR ACCOUNT NUMBER:	
BANK ABA/ROUTING NUMBER:	
TYPE OF ACCOUNT:	
CONTACT PERSON:	
CONTACT PERSON PHONE:	

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 status.

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PRINT NAME

SIGNATURE