

## **Direct Deposit Reimbursement (AP) Request**

Employee's Name: \_\_\_\_\_ Social Security #xxx-xx-\_\_\_\_\_  
(Please Print) (Last 4 digits)

Street Address: \_\_\_\_\_ City, State Zip \_\_\_\_\_

Name of Bank/Credit Union: \_\_\_\_\_

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

Account Number: \_\_\_\_\_  Checking  Savings

Is this account currently being used as a direct deposit in payroll?  Yes  No

By submitting this Direct Deposit - Reimbursement (AP) Request, I authorize the Onondaga-Cortland-Madison BOCES to electronically deposit my reimbursement payments into the bank account listed above. I understand deposits will be made to the above referenced account unless I give prior written notice at least ten (10) days before a scheduled payable warrant date.

Employee Name: \_\_\_\_\_  
(Please Print)

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please return this form via email to [AP@ocmboces.org](mailto:AP@ocmboces.org) or inter-office mail to:

Accounts Payable  
OCM BOCES - Main Campus