



Oneida-Herkimer-Madison BOCES

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www.oneida-boces.org

PAYROLL DISTRIBUTION FORM

(to be completed by new employees or by employees who wish to change their distribution location)

_____ I wish to have direct deposit.*
Please complete "Authorization Agreement for Direct Deposit of Payroll" and return to Central Business Office in order to initiate a payroll deduction to your financial institution.

Please select one of the following indicating where you would like to receive your payroll check or direct deposit notice:

_____ I wish to receive my payroll check at the Career & Technical Education Center.

_____ I wish to receive my payroll check at the Special Education Center.

_____ I wish to receive my payroll check at the Alternative Education Center.

_____ I wish to receive my payroll check at the Administrative Services Center.

_____ I wish to receive my payroll check at the Support Services Center.

_____ I wish to receive my payroll check at the Program & Professional Learning Center.

_____ I wish to receive my payroll check at the Information & Technology Center.
(Brodock Press Complex)

_____ I wish to have my check/direct deposit notice mailed.

Employee Name (Please Print)

Date

Employee Signature

*Employee may choose not to receive direct deposit payroll stubs by opting out of printing stubs in the "My Paycheck Printing Elections" section of WinCap Web. Employee may print a copy direct deposit payroll information at any time from WinCap Web.