WESTERN SUFFOLK BOCES
RETIREE CONTACT & BILLING ELECTION INFORMATION

Section 1: Update of Contact Information:			
Name:			
Mailing Address:			
Email Address:			
Home Phone:		Cell Phone:	

Section 2: Elect to receive communications including invoices (choose one)	
◯ By Email	◯ By USPS mail

Section 3: Elect Method of Payment to Western Suffolk BOCES: (choose one)	
◯ I will pay by check	◯ I will pay by ACH Electronic Transfer (Complete Below)

New Request	Change account information

Section 4: Authorization for Setup or Changes																	
WSB Employee ID – not required						Last 4 of Social Security # - Required	X	X	X	-	X	X	-				
Employee/Retiree Name as shown on bank account:																	
Employee email address:																	
I authorize Western Suffolk BOCES to debit the account provided above in accordance with all banking and regulatory laws. I authorize ACH debit withdrawals solely for insurance premium payments and accept the terms and conditions for Electronic Funds payments at the bottom of this form.																	
Authorized Signature:										Date:							
Bank Routing Number (must be 9 digits)										Bank Account Number							
Type of Account:	◯ Checking			◯ Savings													

Please complete the above and return to us via US Mail or email: business@wsboces.org. Please attach a copy of a voided check to help ensure that account information is entered into the system accurately. Please contact us at 631-549-4900 x298 or e-mail if you have any questions.

Terms and Conditions

Providing account information does not authorize Western Suffolk BOCES access to your account.
We will initiate a pre-notification to your financial institution prior to retrieving payment. The pre-notification is a zero-dollar entry transmitted to your financial institution for the purpose of verifying the accuracy of the account and routing numbers provided and entered into our system. Only the retiree can make any changes to the information provided on this form in writing. Changes to account information will cause the original authorization to be immediately inactive and the new account information will be processed as described above. The authorization will remain in effect until terminated in writing from the retiree, with sufficient notice to Western Suffolk BOCES. Western Suffolk BOCES will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this Direct Deposit Payment Authorization Form. All payments to Western Suffolk BOCES will be withdrawn from a single designated account.

MEDICARE REIMBURSEMENT ELECTION

Section 5: Elect Method to Receive Payment from Western Suffolk BOCES: (choose one)	
◯ I will be paid by check	◯ I will be paid by ACH Electronic Transfer using the same account above