

EMPLOYEE REIMBURSEMENT ACH FORM

Rensselaer-Columbia-Greene Board of Cooperative Educational Services (Questar III BOCES) will send payment to you electronically as per information you provide via this form for employee expense reimbursements only. For changes related to payroll direct deposit information please refer to those specific forms posted in the forms directory.

Your Name:			
Employee ID:	(Empl	oyee ID can be found on your paycheck or in your WinCap web account)	
	We will e-mail payment	notification the day prior to the check date.	
BANKING INFORM	AATION:		
	To use your existing bank account on file with Questar III BOCES payroll		
	please provide the last 4-digits of your bank account #		
If you are	not using an existing accou	unt, please complete the following for NEW BANK or CHANGED information:	
Name of Bank:			
Routing Number:			
Account Number:			
	Checking Account	Please include a voided check for verification of account numbers.	
	Savings Account		
Signature:		Date:	

Please discontinue the direct deposit and revert to mailing the check with the address on file.

Please return completed original form to Accounts Payable at the Business Office.