

ACH PAYMENT ENROLLMENT FORM

Please complete the information below, attach a copy of a voided check and mail or email completed form to:

Putnam/Northern Westchester BOCES
 Attn: Accounts Payable Department
 200 BOCES Drive
 Yorktown Heights, NY 10598

Email: ap@pnwboces.org

Company/Individual Name EIN# or SS #

Company/Individual Address

Payment Contact Name	Email Address	Phone Number
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Name of Financial Institution for Deposit

Bank Transit/Routing (ABA) Number (checking only) Bank Account Number (attach voided check)

I (we) attest that the information provided is accurate and hereby authorize Putnam/Northern Westchester BOCES to credit the account listed using ACH payments. I (we) understand that this authorization will remain in full force and effect until I (we) notify Putnam/Northern Westchester BOCES in writing that I (we) wish to revoke or change this information. To change or cancel this authorization, I (we) will provide Putnam/Northern Westchester BOCES with at least 15 business days' notice.

Authorized Signature Date

Printed Name and Title of Signer

Superintendents

JAMES M. RYAN ED.D DISTRICT SUPERINTENDENT	LYNN ALLEN ED.D ASSISTANT SUPERINTENDENT
	JOHN MCCARTHY ASSISTANT SUPERINTENDENT

Board Members

RICHARD KREPS PRESIDENT	ANITA FELDMAN TRUSTEE	TINA MACKAY TRUSTEE	FRANK SCHNECKER TRUSTEE
CATHERINE LILBURNE VICE PRESIDENT	DOUGLAS GLICKERT TRUSTEE	MARY CAY NILSEN TRUSTEE	