

CENTRAL ADMINISTRATION

518-561-0100

District Office
Management Services
Business Office
Employee Services

FAX 518-562-1471

FAX 518-561-9382 FAX 518-324-6612

CVES MISSION

Champlain Valley Educational Services empowers students, schools and communities by providing exemplary education, training, support and shared services.

MEMORANDUM

TO:

CVES Vendors

FROM:

Christine Myers, Treasurer, x221

myers christine@cves.org

RE:

ACH/Direct Deposit for Vendor Payments

DATE:

February 5, 2021

CVES is now offering ACH/Direct Deposit to our vendors.

If you would like to receive your future payments from CEWW BOCES/CVES, please complete the attached form and return to us as indicated.

Please email us if you prefer a fillable PDF of the form.

If you have any questions, please let us know.

Thank you.

Clinton-Essex-Warren-Washington BOCES AKA Champlain Valley Educational Services (CVES) Direct Deposit/ACH Authorization Form for Vendors

Section 1: Transaction	Туре			
New request (Attach W-9 form)		Change of information	☐ Change of information request	
Section 2: Authorization	on for Setup or Changes			
Vendor Number	(Office use only)			
Tax ID# / SSN#				
Vendor Name (as listed on bank account)				
Vendor Contact Representat Name/Address/Phone Numb	1			
Email Address to use for Payı (Required to receive invoice				
authorize the CEWW BOCES	to initiate credit entries and, i ules. I authorize these payme	* .	count information provided. I preverse a credit entry made in error and conditions for Electronic Funds	
Authorized Name (printed)		Tit	le	
Authorized Signature		Da	te	
Name of Bank				
Bank Address				
Bank Routing Number 9 Digits)				
ank Account Number			k Account Type Checking	
ase complete all sections a	above and return to us via n	ATTN: Tre PO BOX 4! Plattsburg FAX (518)	asurer 55 h, NY 12901	
ase contact us at 518-561-010	0 X221 if you have any questio	s or need assistance.		

Office Use Only:		
Received by:		
Date:		
Entered by:		
Date:		
Verified by:		

Section 1: Transaction Type: Select the appropriate transaction type: New request – Initial Request for direct deposit (Attach W-9 form). Change of Information request - To change information on an existing direct deposit

authorization already submitted.

Terms and Conditions

Please allow 30 days for processing initial direct deposit requests, and, 7-10 business days to process change requests. For immediate stops or holds necessary for direct deposit accounts, you must contact the BOCES Treasurer directly by phone at the above number.

Providing account information does not authorize CEWW BOCES to access account activity on your account.

We will initiate a pre-notification to your financial institution prior to making payment based on this authorization. The pre-notification is a zero dollar entry transmitted to your financial institution for the purpose of verifying the accuracy of the account and transit-routing numbers provided and entered into our system.

An authorized representative of the payee must make any changes to the information provided on this form in writing. Changes to account information will cause the original authorization to be immediately inactivated and the new account information will be processed as described above upon direct verification with an authorized officer of the organization. The authorization will remain in effect until terminated in writing with sufficient notice to CEWW BOCES to allow adequate time to effect termination. CEWW BOCES will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this ACH Authorization Form. CEWW BOCES cannot send payments to different accounts at this time. All payments from CEWW BOCES will be sent to the single account you designate.