

**New York State Office of the State Comptroller
H. Carl McCall
State Comptroller
Electronic Payments Authorization Form**

Authorization is: (check one)
 New
 Change

PLEASE COMPLETE THE ITEMS BELOW (See Instructions On Reverse Side)

_____ — _____ **or** _____ - _____ - _____ **or** _____
Federal Employer Identification Number (FEIN) Social Security Number (SSN) Municipal Code (12 Char)

Payee Name & Address: (Please Type or Print)

Company/Municipality Name Line 1 (Limit to 30 characters/spaces)

Payee Name Line 2 (If needed) (Limit to 30 characters/spaces)

Address Line 1 (Limit to 30 characters/spaces)

Address Line 2 (If needed) (Limit to 30 characters/spaces)

City (Limit to 20 Characters) State Zip Code (5) (+4)

Financial Institution Name: _____

Financial Institution Account Number: _____

Financial Institution Account Type (Check One): Savings _____ Checking _____

Remittance Advice E-mail Address: _____
(Payees will receive remittance data **only** through the e-mail process or from their bank; paper copies will **not** be forwarded)

I certify that I have read and understand this Electronic Payments authorization, including the Recovery of Funds Deposited in Error on the back of this form, for the State of New York to deposit funds into the designated bank account through an electronic fund transfer.

Authorized Official: _____ Title: _____
(Please type or print)

Phone Number: (_____) _____ — _____ E-mail Address: _____

Signature: _____ Date: _____

FINANCIAL INSTITUTION CERTIFICATION

I certify that the above account number and type of account is maintained in the name of the payee named above. As a representative of the above named financial institution, I certify that this financial institution is ACH capable and agrees to receive and deposit payments to the account shown above.

Route Transit Number (Bank ABA): _____

Institution Officer: _____ Phone Number: (_____) _____ — _____
(Please print or type)

Signature: _____ Title: _____ Date: _____

**The Financial Institution must mail this form directly to: NYS Office of the State Comptroller-Bureau of Accounting Operations
Warrant & Payment Control Unit
A.E. Smith State Office Building - 4th Floor
Albany, NY 12236**

Telephone: (518) 474-4032 E-mail: epunit@osc.state.ny.us

New Enrollment:

Please complete all information on the front of this form. Check "New" at the top of the form. Submit this document to your financial institution. They must complete the Financial Institution Certification and mail the form directly to the NYS Office of the State Comptroller at the address provided.

The payee name on the front of this form must be filled out as follows:

- Line #1 -- Must be the company or municipality name
- Line #2 -- Municipalities must indicate title of their Chief Financial Officer

Changes to Existing Enrollment Authorizations:

All changes require both your Payee name and Payee ID (FEIN, SSN or municipal code).

If you need to change your e-mail address, you must send an e-mail message, including your Payee name and Payee ID, from your new e-mail address to: epunit@osc.state.ny.us

If you need to change your name or address information and you are not a municipality or school district, you must submit another Authorization Form. Check "Change" at the top of this form, enter the new information in the appropriate section, sign the authorization section and mail the form to the address provided. Municipalities and school districts should continue to follow existing procedures for name and address changes.

If the financial institution information is being changed, check "Change" at the top of the form and complete your Payee name and Payee ID, sign the authorization section, then deliver this form to the institution's financial officer for completion and submission to the address shown at the bottom of this form.

Recovery of Funds Deposited in Error:

In the event that an erroneous electronic payment is sent, the State reserves the right to 'reverse' the electronic payment. In the event that a 'reversal' cannot be implemented, the State will utilize any other lawful means to retrieve payments to which the payee was not entitled.

Cancellations:

The agreement represented by this authorization remains in effect until canceled by the payee. To cancel, the payee must provide written notification to the address provided on this form.