

**New York State Office of the State Comptroller  
Electronic Transfer of Funds Authorization Form**

<b>Municipality Code:</b>	(Check One)	
	<b>1<sup>st</sup> Time EFT Request:</b> ( )	
<b>BEDS Code:</b>	<b>Revisions:</b> ( )	
<b>Agency Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>

**Please complete the items below**

Route Transit Number (Bank ABA): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ (attach verifying document)

Bank Account Type: Savings \_\_\_\_\_ Checking \_\_\_\_\_ (Check ONE)

Agency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Contact: \_\_\_\_\_ Phone \_\_\_\_\_

**I authorize the State of New York to deposit funds into the designated bank account through an electronic fund transfer. If the State or the State's banking agency makes an error in an electronic fund transfer, the State, in addition to any other lawful rights, has the right to debit the above account to recover funds that were erroneously transferred through the electronic fund transfer process.**

Superintendent Name: \_\_\_\_\_ (Please print or type)

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**Please attach an original (No Copies or Fax) voided check, deposit slip or letter from bank for account number verification.**

**Return to:**

**Jeannine Murphy  
NYS Education Department  
Education Building  
Room 507 West  
Albany NY 12234**