



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

State Aid Payment Unit, 507 West EB, 89 Washington Ave. Albany, NY 12234
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SCHOOL DISTRICT PAYEE ADDRESS UPDATE

The purpose of this document is to provide the New York State Education Department with the school district's current payee address. We need a payee address on file for each district even if they participate in the Office of the State Comptroller's electronic payments via the Automated Clearing House (ACH).

If there has been a recent change to the district's payee address, please complete all sections of this form, have the Superintendent sign the form and return it with an original signature promptly to the State Aid Payment Unit at the address shown above. Please note: the payee address may *may not* be the same as the district's *physical and mailing* addresses. However, this form is to be used for changing the district's *payee address* only. This form needs to be filed each time the district's payee address changes.

Exact Legal Name of Entity:	Contact Person/Telephone Number:
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Municipality Code

Former Payee Address (number, street, room, etc):
City, State and Zip Code:
New Payee Address (number, street, room, etc.):
City, State and Zip Code:

Certification:

I hereby certify that the information herewith provided is to the best of my knowledge both accurate and true.

_____ (please print)
Superintendent of Schools

Signature--Superintendent of Schools _____ Date _____

SED USE ONLY:

BEDS CODE: _ _ _ _ _

I have reviewed the payee information contained herein and have made the necessary change to SEDREF. I have notified the Electronic Payment Unit of the Office of the State Comptroller to update their payee information based on this certification.

_____ Date _____
State Aid Payment Unit Employee/ SEDREF Payee Manager