



New York State Insurance Fund

PLEASE RETURN COMPLETED FORM TO:

NYSIF – PROCUREMENT UNIT
15 COMPUTER DRIVE WEST
ALBANY, NY 12205

EMAIL: CONTRACTS@NYSIF.COM
FAX: (518) 437-4209

FOR QUESTIONS PLEASE CALL: (518) 437-4360 or (518) 437-3517

Federal Employer Identification Number (FEIN): \_\_\_\_\_ or

Social Security Number: \_\_\_\_\_

Payee Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

(Payment Notification will be sent to this email address)

Note: Deposit Notifications will be sent via email. A pre-note (a zero-dollar deposit sent to your financial institution as a means to verify account number and routing number) will be sent to verify banking information prior to the first deposit. You will receive an email notification of the \$0 transaction. This test is done at the time of enrollment and a change in account information.

Checking Account Information

(Please allow 2-3 weeks for processing once received by NYSIF)

Name of Financial Institution \_\_\_\_\_

Financial Institution City & State \_\_\_\_\_

Bank Routing # \_\_\_\_\_ (9 digits)

Account # \_\_\_\_\_

\*Please obtain routing and account numbers directly from your check – Do not use a deposit slip

I CERTIFY THAT I READ AND UNDERSTAND THE EFT INSTRUCTIONS, INCLUDING THE AUTHORIZATION FOR RECOVERY. In signing this form, I authorize my payment to be sent to the designated financial institution to be deposited into the specified account. By signing this form, I will allow NYSIF, through my financial institution, to debit the account in order to recover any payment to which I am not entitled or that was deposited in error.

Authorized Name/Title \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Authorized Signature/Date \_\_\_\_\_