



New York State Insurance Fund

PLEASE RETURN COMPLETED FORM TO:
NEW YORK STATE INSURANCE FUND
ATTENTION: ACCOUNTS PAYABLE (EFT)
15 COMPUTER DRIVE WEST
ALBANY, NY 12205

FOR QUESTIONS PLEASE CALL:
(518) 437-3533 or (518) 437-4349

OR SEND AN EMAIL TO:
FINAPEFT@NYSIF.COM

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 will be sent to verify your banking information prior to your first deposit. A pre-note is a zero dollar deposit sent to your financial institution as a means to verify your account number and routing number. 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 weeks for processing once received by NYSIF)

Name of Financial Institution, City & State \_\_\_\_\_

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

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

\*Please obtain routing number 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 \_\_\_\_\_