



## NYSIF VENDOR ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

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

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

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

Remittance 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 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 \_\_\_\_\_

**FOR QUESTIONS PLEASE CALL: (518) 437-3507 or (518) 437-4360  
PLEASE RETURN COMPLETED FORM TO:**

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

**EMAIL: [CONTRACTS@NYSIF.COM](mailto:CONTRACTS@NYSIF.COM)  
FAX: (518) 437-4209**