New York State  
Office of the State Comptroller  
Bureau of State Accounting Operations  
Electronic Payments Authorization Form for Individuals

**Section 1. PLEASE COMPLETE THE ITEMS BELOW (See Instructions On Reverse Side)**

- **Payee Tax ID number:** Social Security # __________ - ________ - ________ OR Federal Employer ID # __________ - ________
- **Payee Name & Address:** (Please Type or Print)
  - Payee Name Line 1  
  - Payee Name Line 2 (If needed)
  - Street Address Line 1 (Limit to 30 characters/spaces)
  - Street Address Line 2 (If needed) (Limit to 30 characters/spaces)
  - City (Limit to 20 Characters) ___________________ State __________ 9 Digit Zip Code __________
- **Account Type (Check One):**  
  - Savings (Section 2 must be completed and mailed directly to OSC by Financial Institution for processing.)
  - Checking (Attach Original ‘VOIDED’ check OR have Financial Institution complete Section 2.)

**Remittance Advice E-mail Address:**  
(Limit to 46 characters/spaces. Payees will receive remittance data only by e-mail or from their bank; paper copies will not be forwarded.)

I certify that I have read and understand this Electronic Payments authorization, including the Recovery of Funds Deposited in Error as stated on the back of this form, for the State of New York to deposit funds into the designated bank account through an electronic fund transfer. I further understand that in order for New York State to process electronic payments, I consent to the Office of the State Comptroller (OSC) providing the above shown FEIN or Social Security number to state agencies responsible for sending payment vouchers to OSC.

- **Payee Name:** ___________________  
  - **Phone Number:** ( ________ ) ________ - ________

- **Payee Signature:** ___________________  
  - **Date:** __________

**Joint Account Holder’s Certification (if joint account):**

- **Joint Account Holder’s Name:** ____________________________________________

- **Joint Account Holder’s Signature:** ___________________  
  - **Date:** __________

**Section 2. FINANCIAL INSTITUTION CERTIFICATION** to be completed if directing funds into a “Savings Account” OR if a voided check is not attached to this form.

- **Financial Institution Name:** ____________________________________________
- **Route Transit Number (Bank ABA):** ___________________  
  - **Account No.:** ___________________

- **Institution Officer:** ____________________________________________  
  - **Phone Number:** ( ________ ) ________ - ________

- **Signature:** ___________________  
  - **Title:** ___________________  
  - **Date:** __________

For the protection of our customers, where required, the Financial Institution must mail this form directly to:

NYS Office of the State Comptroller-Bureau of State Accounting Operations  
Warrant & Payment Control Unit  
110 State Street - 9th Floor  
Albany, NY 12236  
Telephone: (518) 474-6019 or 402-4067  
E-mail: epunit@osc.state.ny.us
Accurate Payee Name and Addresses

It is extremely important that the Payee Name, Address, City, State and 9-digit Zip Code shown on the front of this form be identical to the remit to address shown on all invoices sent to State agencies. Payments are made electronically to your bank account only if the address entered by a State agency on a payment voucher will, when matched to US Postal Service addresses, result in a 9-digit Zip Code that is identical to the 9-digit Zip Code supplied on the front of this form. This verification provides an extra measure of assurance that an error entering your FEIN or SSN on a payment voucher will not result in a payment being erroneously sent to someone else’s account. Payees are therefore requested to ensure that all invoices, bills and statements sent to New York State agencies contain complete and accurate remit to addresses. Payees who continue to receive check payments should contact the State agency that initiated the payment voucher to provide them with the correct remit to address.

New Enrollment:

Please complete all information in Section 1 on the front of this form. Check ‘New’ at the top of the form. If attaching an original voided check, payee name must agree with the name on the voided check or a copy of a DBA must be provided (starter checks, copies, and deposit slips will not be accepted). If you do not attach an original voided check, your Financial Institution must complete the ‘Section 2: Financial Institution Certification’ and mail the original form directly to the NYS Office of the State Comptroller at the address provided. Addresses must include the 9-digit Zip Code (assigned by the Post Office).

E-Mail Notification:

An important benefit of the Electronic Payment Program is the advance e-mail notification that provides the ACH Payment Trace Number, payment amount and a secure link to identify the components of the remittance being electronically sent. We strongly urge all enrollees to provide an e-mail address so payment information can be sent directly to the payee. If an e-mail address is not provided, payees can initiate Internet queries using OSC’s database (https://www1.osc.state.ny.us/pay) to retrieve the payment remittance information.

Changes to Existing Enrollment Authorizations:

All changes require your Payee Name, a recent payment number (check or trace number), your name and telephone number.

<table>
<thead>
<tr>
<th>If you need to change your e-mail address</th>
<th>Send an e-mail message to: <a href="mailto:epunit@osc.state.ny.us">epunit@osc.state.ny.us</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>If you need to change your mailing address</td>
<td>Send the required change by e-mail to <a href="mailto:epunit@osc.state.ny.us">epunit@osc.state.ny.us</a> or FAX (including your signature) to (518) 473-6836 Attn: E-Pay Unit or mail to the address on the front of this form. Also, notify all state agencies that initiate payments of any changes to payee ID, name and/or address. To confirm that we have received your faxed changes, please call (518) 474-6019 or (518) 402-4067.</td>
</tr>
</tbody>
</table>

| If you need to change the Payee ID, Payee Name or Financial Institution Information | Complete and mail a new original Authorization Form including your Payee ID (FEIN or SSN). Copies will not be accepted. Check ‘Change’ at the top of the form. Please note - for your protection, we will not accept e-mail or fax notification of changes to payee ID, names and financial institution information. |

Recovery of Funds Deposited in Error:

In the event that an erroneous electronic payment is sent, the State reserves the right to ‘reverse’ the electronic payment. In the event that a ‘reversal’ cannot be implemented, the State will utilize any other lawful means to retrieve payments to which the payee was not entitled.

Cancellations:

The agreement represented by this authorization remains in effect until cancelled by the payee or if the ACH record is inactive for two or more years. To cancel, the payee must provide signed written notification including payee ID, payee name and the requestor’s name and telephone number, to the address provided on the front of this form. This written notification may also be faxed to the E-Pay Unit at (518) 473-6836. To confirm that we have received your faxed cancellation, please call (518) 474-6019 or (518) 402-4067.