

ACH Payment Enrollment Form

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|---|---|--|---|---|---|--|--|--|--|--|---|---|---|---|---|
| SECTION 1 (To be completed by the supplier.) Please Print! Supplier Name SSN, TIN or Employee id: Telephone Number: | | | | | | | | | | | | | | | |
| SSN, TIN or Employee id: | | | epho | ne Nur | nber | ;) | | | | | | | | | |
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| Name & Address of Financial Institution: | | | | | 1 | | | | | 7 | | | | | |
| | Select | One) | | | $\Big _{	ext{Ch}\epsilon}$ | eckir | ng | | | $\rfloor_{\mathbf{S}_{i}}$ | aving | gs | | | |
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| cution for this information) | Account Number: | | | | VER | RIFY | with | your Fi | nanci | al Iı | nstitut | ion!) | | | |
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| Supplier Certification | | | | | | | | | | | | | | | |
| I certify that I have read and understood the lower portion of this form. By signing and/or submitting this form, I authorize payments to be sent to the financial institution named above and to be deposited to the designated account. | | | | | | | | | | | | e | | | |
| | Date: | | | | | | | | | | | | | | |
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| | Please be sure to provide email address. Email address is | | | | | | | | | | | | | | |
| | required for remittance advice | | | | | | | | | | | | | | |
| SECTION 2 (To be signed by supplier or delegate to CANCEL payment via ACH). | | | | | | | | | | | | | | | |
| | Date: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | (To be completed SSN, TIN or Employee id SSN, TIN or Employee id SSN (Supplie the lower portion of this id cial institution named abo | (To be completed by the SSN, TIN or Employee id: ution for this information) Supplier Certif the lower portion of this form. Be cial institution named above and to Date: Please requirements of the signed by supplier or delegations. | (To be completed by the suppose id: Telestand Account Type: (Select One) Supplier Certification the lower portion of this form. By significial institution named above and to be de Date: Please be surequired for the signed by supplier or delegate to C. | (To be completed by the supplied SSN, TIN or Employee id: Account Type: (Select One) | (To be completed by the supplier.) F SSN, TIN or Employee id: Account Type: (Select One) Account Number: (Please Supplier Certification the lower portion of this form. By signing and/or social institution named above and to be deposited to totate: Please be sure to prove required for remittant. To be signed by supplier or delegate to CANCEL pages. | (To be completed by the supplier.) Please SSN, TIN or Employee id: Account Type: (Select One) | (To be completed by the supplier.) Please It SSN, TIN or Employee id: Account Type: (Select One) Checking Account Number: (Please VERIFY) Supplier Certification the lower portion of this form. By signing and/or submitting cial institution named above and to be deposited to the design Date: Please be sure to provide ema required for remittance advice. To be signed by supplier or delegate to CANCEL payment visiting to be signed by suppli | (To be completed by the supplier.) Please Printers (SSN, TIN or Employee id: Account Type: (Select One) Checking Account Number: (Please VERIFY with Institution of this form. By signing and/or submitting this cial institution named above and to be deposited to the designated Date: Please be sure to provide email a required for remittance advice | (To be completed by the supplier.) Please Print! SSN, TIN or Employee id: Account Type: (Select One) Checking Account Number: (Please VERIFY with your Final Institution named above and to be deposited to the designated accound Date: Please be sure to provide email address required for remittance advice To be signed by supplier or delegate to CANCEL payment via ACH). | (To be completed by the supplier.) Please Print! SSN, TIN or Employee id: Account Type: (Select One) Checking Account Number: (Please VERIFY with your Financial Institution named above and to be deposited to the designated account. Date: Please be sure to provide email address. Exequired for remittance advice To be signed by supplier or delegate to CANCEL payment via ACH). | (To be completed by the supplier.) Please Print! SSN, TIN or Employee id: Account Type: (Select One) Checking Supplier Certification the lower portion of this form. By signing and/or submitting this form, I authorical institution named above and to be deposited to the designated account. Date: Please be sure to provide email address. Emarequired for remittance advice To be signed by supplier or delegate to CANCEL payment via ACH). | (To be completed by the supplier.) Please Print! SSN, TIN or Employee id: Account Type: (Select One) Checking Saving Account Number: (Please VERIFY with your Financial Institut Supplier Certification the lower portion of this form. By signing and/or submitting this form, I authorize pacial institution named above and to be deposited to the designated account. Date: Please be sure to provide email address. Email adrequired for remittance advice To be signed by supplier or delegate to CANCEL payment via ACH). | (To be completed by the supplier.) Please Print! 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SSN, TIN or Employee id: Account Type: (Select One) Checking Savings Account Number: (Please VERIFY with your Financial Institution!) Supplier Certification the lower portion of this form. By signing and/or submitting this form, I authorize payments to be cial institution named above and to be deposited to the designated account. Date: Please be sure to provide email address. Email address is required for remittance advice To be signed by supplier or delegate to CANCEL payment via ACH). |

PLEASE READ THIS CAREFULLY

The information on this form is confidential and is required to process payment data from the Research Foundation of SUNY to the financial institution and/or its agent. Failure to provide the requested information may delay or prevent receipt of payments through the ACH program.

Cancellation of ACH Payments:

Payments will be made electronically via ACH until cancellation by the Research Foundation or the supplier.

<u>Cancellation by the Research Foundation:</u> ACH payments will be canceled on the effective date of any of the following:

- Change of financial institution or account information
- Change of the supplier to inactive status.

<u>Cancellation by the Supplier:</u> You may stop receiving payments via ACH at any time by completing a new ACH Payment Enrollment Form. On a new form, check the Cancel box, fill in supplier name, Social Security or Tax Id number, account number and account type, then sign and date the form in Section 2.

Change in Financial Institution:

To change the financial institution into which you deposit funds, you must first **cancel** your ACH payment (see above), then complete a new enrollment form to start ACH payments with the new financial institution.

Responsibilities:

- You are responsible for verifying (with your bank) the accuracy of your bank account number when your enrollment form is completed
- You are responsible for notifying the Research Foundation if you change banks or account number. You must complete a new ACH Payment Enrollment Form and begin the ACH payment process again.
- You must complete a ACH Payment Enrollment Form to cancel that ACH payment (see above for cancellation instructions).
- You are responsible for payment of any charges that may be incurred against your account as a result of receiving an ACH payment.
- You must repay the Research Foundation of SUNY if an overpayment occurs as the result of payment via ACH.

Miscellaneous:

• A **pre-notification** will be processed upon receipt of this ACH Payment Enrollment Form to verify banking information is correct. If any problems occur during the processing of the **pre-notification** supplier payments will continue as they were prior to completing the ACH Payment Enrollment Form until corrections can be made.