



EFT Bank Information and Authorization Form

PLEASE COMPLETE THE ITEMS BELOW

_____ - _____ **OR** _____ - _____ - _____
Federal Employer Identification Number (FEIN) Social Security Number

Payee Name & Address: (Please Type or Print)

Payee Name

Address Line 1

Address Line 2

City State Zip Code

Financial Institution: _____

ROUTING NUMBER _____ (see example below) ACCOUNT NO. _____ (See example below)

Sample Check

ABC COMPANY XYZ DIVISION 123 Elm Street Any Town, XX 99818	1045 55-999/299 _____ 19 _____ -	
PAY TO THE ORDER OF _____	\$ _____ Dollars	
Fleet Bank		
FOR _____	_____	
: 099909999 :	" 23" "45678 9 "	1045
Transit Routing/ ABA Number (9 Digits)	Account Number	Check Number

Authorized Official Signature and Title: _____

Date: _____

Contact Name: _____

e-mail address: _____

Phone Number: (____) _____ - _____

I certify that I have read and understand this Electronic Payments authorization, for New York State Energy Research and Development Authority to deposit funds into the designated bank account through an electronic fund transfer. EFT Payments are not deemed to have been made until the date on which the applicable full invoice amount has been transferred into the payees account. In the event that an erroneous electronic payment is sent, NYSERDA reserves the right to 'reverse' the electronic payment. In the event that 'reversal' cannot be implemented NYSERDA will utilize any other lawful means to retrieve payments to which the payee was not entitled. The Agreement represented by this authorization remains in effect until written notification of cancellation is provided by the payee.