



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

**Authorization Type:  
(check one)**

- New**  
 **Change**

Please Type or Print Clearly – The accuracy of the information provided on this form is very important.  
Payments will be sent by direct deposit **ONLY** if the Payee Name and Address on this form **PRECISELY** match  
the Payee Name and Address contained on the payment vouchers sent to the Comptroller's Office by State Agencies.

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

**Payee Tax ID Number:** Social Security Number: \_\_\_\_\_ **OR** Federal Employer ID # (FEIN): \_\_\_\_\_

**Payee Name & Address: (Please Type or Print)**

Payee Name Line 1 **(Must match voided check if attached)**

Payee Name Line 2 (If necessary)

Address Line 1 (Limit to 30 characters/spaces)

Address Line 2 (If necessary) (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:** \_\_\_\_\_  
(Please type or print)

**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.

***I certify that the account number and type of account is maintained in the name of the payee named above. As a representative of the named financial institution, I certify that this financial institution is ACH capable and agrees to receive and deposit payments to the account shown.***

**Financial Institution Name:** \_\_\_\_\_

**Route Transit Number (Bank ABA):** \_\_\_\_\_ **Account No.** \_\_\_\_\_

**Institution Officer:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **ext:** \_\_\_\_\_  
(Please print or type)

**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 - Maildrop 9-8  
Albany, NY 12236  
Telephone: (518) 486-1255 or 402-4067 E-mail: [epunit@osc.state.ny.us](mailto:epunit@osc.state.ny.us)**

**Notification Required under Personal Privacy Protection Law**

The information provided on this form is required under Section 109 of the New York State Finance Law, as well as, the New York State and Federal Tax Laws (See New York State Tax Law §674, 26 USC §6041). This information will be provided only to the designated financial institution(s) and/or their agent(s) for the purpose of processing payments. Failure to provide the requested information may delay or prevent the receipt of payments through the Electronic Payment Program.

The information provided shall be maintained in the "Payee Name and Address" file maintained by the Director of the Bureau of State Accounting Operations, 110 State Street, Albany, NY 12236, 518-474-4017.

**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.**

**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.

**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).

**Changes to Existing Enrollment Authorizations:**

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

If you need to change your e-mail address	Send an e-mail message to: <a href="mailto:epunit@osc.state.ny.us">epunit@osc.state.ny.us</a>
If you need to change your mailing address	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. <b>To confirm that we have received your faxed changes, please call (518) 486-1255 or 402-4067.</b>
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). <b>Copies will not be accepted.</b> Check ' <b>Change</b> ' at the top of the form. <b><u>Please note – for your protection, we will not accept e-mail or fax notification of changes to payee ID, names and financial institution information.</u></b>

**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) 486-1255 or 402-4067.**