



ACH Payment Enrollment Form

Type of Transaction: **NEW** **CHANGE** **CANCEL**

SECTION 1 (To be completed by the supplier.) Please Print!																															
Supplier Name	SSN , TIN or Employee id:	Telephone Number:																													
Name & Address of Financial Institution:		Account Type: (Select One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings																													
Bank Routing Number: (Contact your Financial Institution for this information)		Account Number: (Please VERIFY with your Financial Institution!)																													
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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.																															
Signature:		Date:																													
Email Address:		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).																															
Signature:		Date:																													

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.

Cancellation by the Research Foundation: 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.

Cancellation by the Supplier: 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.