

**DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER (EFT)
VENDOR PAYMENT ENROLLMENT FORM**

Mail to: NYC Department of Finance, Treasury Division, 66 John Street, 12th Floor, New York, NY 10038 - Attention: EFT, or
Fax to: EFT at 646-500-7152

 ENROLLMENT MODIFICATION

IMPORTANT: You must provide ONE of the four following items!!!

VOIDED CHECK

ENCODED DEPOSIT SLIP

CURRENT BANK STATEMENT

LETTER FROM YOUR BANK*

*The bank letter should identify your name (or company name) entire bank account and routing number AND MUST HAVE the signature of a bank representative along with his/her printed name and contact number. Please note your application for EFT will not be processed without one of the four forms of account verification.

SECTION I - VENDOR INFORMATION

1. SOCIAL SECURITY NUMBER OR TAXPAYER ID NUMBER:
(AS IT APPEARS ON W-9 FORM)

2. VENDOR NAME (AS IT APPEARS ON W-9 FORM):

3. VENDOR'S ADDRESS:

4. VENDOR'S EMAIL ADDRESS:

5. VENDOR'S TELEPHONE NUMBER:

SECTION II - BANK INFORMATION

1. BANK ACCOUNT NUMBER:

2. NAME AS IT APPEARS ON ACCOUNT:

3. BANK NAME:

4. BANK 9-DIGIT ROUTING NUMBER:
(LOCATED AT THE BOTTOM OF CHECK)

5. ACCOUNT TYPE - MUST BE EITHER CHECKING OR SAVINGS:
(CHECK ONE BOX ONLY)

CHECKING

SAVINGS

6. BANK REPRESENTATIVE'S NAME:

7. TELEPHONE NUMBER:

SECTION III - VENDOR SIGNATURE AND AUTHORIZATION

I, hereby confirm my authority, as an authorized signer of the above-referenced bank account ("Account"), to issue this instruction to credit and debit, via the Automated Clearinghouse, the Account. I authorize the City of New York to deposit, via Automated Clearinghouse credit entry, all entitled payments to the Account and to initiate, as necessary, Automated Clearinghouse debit entries to adjust any Automated Clearinghouse credit (i) made in error (ii) deposited for an incorrect amount, or (iii) that is a duplicate of a correct payment. The City of New York will make a reasonable effort to communicate with me to notify me of a debit entry that will be made to the Account.

I understand that this authorization will remain in effect until a written instruction, properly executed by me, authorizing cancellation is submitted to the fax number(s) above.

1. VENDOR OR AUTHORIZED PERSON'S SIGNATURE

2. PLEASE PRINT NAME

3. DATE - MM/DD/YYYY