



## ACH Payment Enrollment Form

Type of Transaction:       NEW                       CHANGE                       CANCEL

<b>SECTION 1 (To be completed by the supplier.) Please Print!</b>																															
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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<b>Supplier Certification</b>																															
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:		<b>Please be sure to provide email address. Email address is required for remittance advice</b>																													
<b>SECTION 2 (To be signed by supplier or delegate to CANCEL payment via ACH).</b>																															
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.