



03/25/09

New York State
Office of the State Comptroller
Electronic Payments Authorization Form for
Government Entities, Vendors, Not-for-Profits

Authorization is:
(check one)
[] New
[] Change

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

Federal Employer Identification Number (FEIN) OR Social Security Number OR Municipal Code (12 Char)

Payee Name & Address: (Please Type or Print)

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

Payee Name Line 2 (If needed)

Address Line 1 (Limit to 30 characters/spaces)

Address Line 2 (If needed) (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 by Financial Institution and sent directly to OSC 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 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.

Authorized Name: (Please type or print) Title:

Phone Number: () -- E-mail Address:

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: (Please print or type) Phone Number: () --

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 Accounting Operations
Warrant & Payment Control Unit
110 State Street - 9th Floor -
Albany, NY 12236
Telephone: (518) 474-6019 or 402-4067 E-mail: 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 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 Zip Code shown on the front of this form be **identical** to the 'remittance 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 'remittance 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 'remittance 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. It is further suggested that you provide a group mailbox for your e-mail address.

Where e-mail is not selected, 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. The payee name on the front of this form must be filled out as follows:

Line #1 -- Full Payee Name

Line #2 -- Government entities must indicate the title of their Chief Financial Officer.

For vendors and not-for-profits, 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, title and telephone number.

If you need to change your e-mail address	Send an e-mail message to: epunit@osc.state.ny.us
If you need to change your mailing address	Send the required change by e-mail or FAX (including your signature) to Attn: E-Pay Unit, (518) 473-6836. To confirm that we have received your faxed changes, please call (518) 474-6019 or 402-4067.
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, SSN or Municipal Code). Copies will not be accepted. Check ' Change ' at the top of the form. Please note - for your protection, we will not accept e-mail or fax notification of changes to payee ID, names and financial institution information.
Counties, Cities, Towns and Villages	Also notify the Office of the State Comptroller's Division of Local Government Services and Economic Development of name, address and chief financial officer title changes.
School Districts and BOCES	Also notify the State Education Department of name and address changes.
Vendors and Not-for-Profits	Also notify all state agencies that initiate payments of payee ID, name and address changes.

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's authorized official must provide **signed** written notification including payee ID, payee name and the requestor's name, title 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) 474- 6019 or 402-4067.**



**NEW YORK STATE OFFICE OF THE STATE COMPTROLLER
SUBSTITUTE FORM W-9:
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION**

TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

Part I: Vendor Information

1. Legal Business Name:

2. If you use a DBA, please list below:

3. Entity Type (Check one only):

Sole Proprietor Partnership Limited Liability Co. Business Corporation Unincorporated Association/Business Federal Government

State Government Public Authority Local Government School District Fire District Other _____

Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type

1. Enter your TIN here: (*DO NOT USE DASHES*)

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2. Taxpayer Identification Type (check appropriate box):

Employer ID No. (EIN) Social Security No. (SSN) Individual Taxpayer ID No. (ITIN) N/A (Non-United States Business Entity)

Part III: Address

1. Physical Address:

Number, Street, and Apartment or Suite Number

2. Remittance Address:

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

City, State, and Nine Digit Zip Code or Country

Part IV: Exemption from Backup Withholding and Certification

For payees exempt from Backup Withholding, check the box below. Valid explanation required for exemption. See instructions.

Exempt from Backup Withholding

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number (TIN).

Sign Here:

Signature

Date

Print Preparer's Name

Phone Number

Email Address

Part V: Contact Information – Individual Authorized to Represent the Vendor

Vendor Contact Person: _____

Title: _____

Contact's Email Address: _____

Phone Number: () _____

DO NOT SUBMIT FORM TO IRS - SUBMIT FORM TO NYS OFFICE OF THE STATE COMPTROLLER

FOR OSC USE ONLY

NYS Office of the State Comptroller Instructions for Completing Substitute W-9

New York State (NYS) must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. NYS Office of the State Comptroller uses the Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid backup withholding.¹ We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States. You are required to give us the information.

Any payee/vendor who wishes to do business with New York State must complete the Substitute Form W-9. Substitute Form W-9 is the only acceptable documentation. We will not accept IRS Form W-9.

Part I: Vendor Information

1. **Legal Business Name:** For individuals, enter the name of the person who will do business with NYS as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
2. **DBA (Doing Business As):** Enter your DBA name.
3. **Entity Type:** Mark the Entity Type doing business with New York State.

Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type

1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number, Individual Taxpayer Identification Number (ITIN)² or Employer Identification Number.
2. **Taxpayer Identification Type:** Mark the type of identification number provided.

Part III: Address

1. **Physical Address:** List the location of where your business is physically located.
2. **Remittance Address:** List the location where payments should be delivered.

Part IV: Exemption from Backup Withholding and Certification

Generally, reportable payments made by New York State are subject to Backup Withholding. Exemption from Backup Withholding applies to government and non-United States Business Entities³. Please sign, date, provide the preparer's name, telephone and email address. The preparer should be employed by your organization.

Part V: Contact Information

Please provide the contact information for an executive at your organization. This individual should be a person who makes legal and financial decisions for your organization.

¹ According to IRS Regulations, OSC must withhold 28% of all payments if a payee/vendor fails to provide OSC its certified TIN. The Substitute Form W-9 certifies a payee/vendor's TIN.

² An ITIN is a nine-digit number used by the United States Internal Revenue Service for individuals not eligible to obtain a Social Security Number, but are required to file income taxes. To obtain an ITIN, submit a completed W-7 to the IRS. The IRS will notify you in writing within 4 to 6 weeks about your ITIN status. In order to do business with New York State, **you must submit IRS Form W-8** along with our Substitute Form W-9 showing your ITIN. IRS Form W-8 certifies your foreign status. To obtain IRS Forms W-7 and W-8, call 1-800-829-3676 or visit the IRS website at www.irs.gov.

³ In order to do business with New York State, **you must submit IRS Form W-8** along with our Substitute Form W-9. IRS Form W-8 certifies your foreign status and exempts you from United States information return reporting and backup withholding rules. To obtain IRS Form W-8, call 1-800-829-3676 or visit the IRS website at www.irs.gov.