

Instructions for Completing and Submitting the ACH Enrollment Form

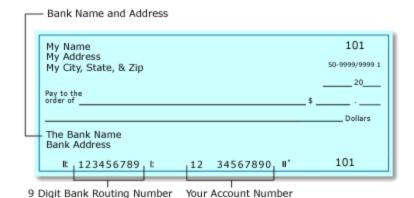
Purpose
Completing the Form
Submitting the Form

Purpose

To complete the "ACH Payment Enrollment Form" to receive Supplier reimbursements via direct deposit.

Completing the Form

The check image and the table below provide guidance on the information to enter for each field on the form.



Field Name	Entry Value
Section 1	
Type of Transaction	Check the appropriate box. For new enrollment NEW. For a change to information CHANGE or to cancel enrollment CANCEL.
Supplier Name	Your name as it appears in the Supplier file.

SSN, TIN or Employee Id	A unique identifier.
Telephone	Your telephone number.
Name and Address of Financial Institution	Name and address of your bank as shown on the sample check above.
Bank Routing Number	9 Digit Bank Routing Number as shown on the sample check above.
Account Type	Check the appropriate account type checking or savings.
Account Number	Your Account Number as shown on the sample check above.
Supplier Certification	By checking the check box you agree to receive Supplier payments via direct deposit to your bank account.
Signature	Your typed signature.
Date	Date the form was completed.
Email	A valid email address.
Section 2 (to be completed to cancel enrollment only)	
Signature	Your typed signature.
Date	Date the form was completed.

Submitting the Form

Once all required fields are completed, press the "Submit by Email" button to send the completed form to the RFTREASURYADMIN@rfsuny.org mailbox for processing. Highlighted fields on the form are required and the form cannot be submitted without information being entered.