



Instructions for Completing and Submitting the ACH Enrollment Form

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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.

Bank Name and Address

My Name 101
 My Address 50-9999/9999 1
 My City, State, & Zip _____ 20

Pay to the order of _____ \$ _____ Dollars

The Bank Name
 Bank Address

It 123456789 t 12 34567890 II* 101

9 Digit Bank Routing Number Your Account Number

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.