NEW YORK STATE OF OPPORTUNITY. | NYSERDA

EFT Bank Information and Authorization Form

PLEASE COMPLETE THE ITEMS BELOW

_____ - _____ or _____ - _____ - _____

Federal Employer Identification Number (FEIN) Social Security Number

Payee Name & Address: (Please Type or Print)

_____

Payee Name

_____

Address Line 1

_____

Address Line 2

_____

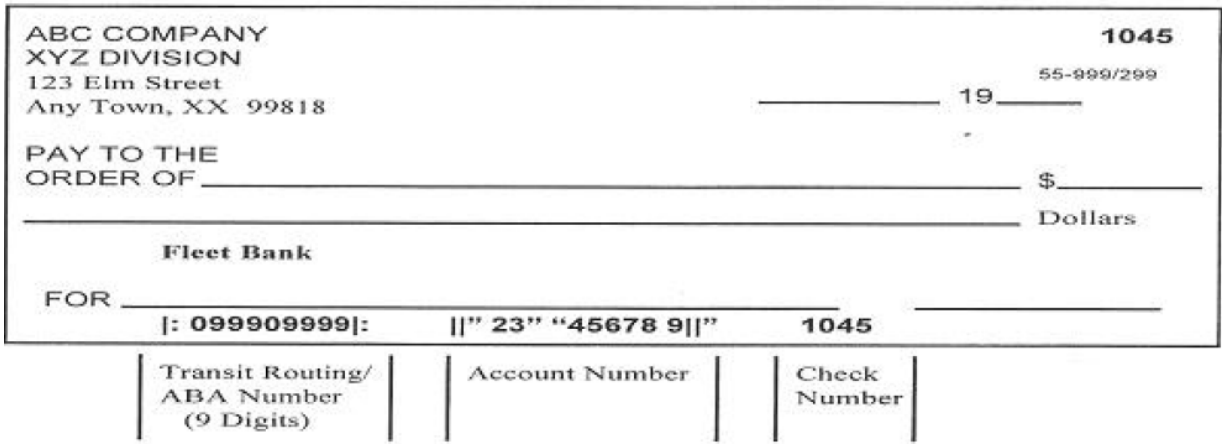
City State Zip Code

Financial Institution:_____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

(See example below) (See example below)

Sample Check



Authorized Official Signature and Title:_____

Date: _____

Contact Name: _____

e-mail address: _____

Phone Number: (_____) _____ - _____

Remittance Fax Number for Notification: (_____) _____ - _____

I certify that I have read and understand this Electronic Payments authorization, for New York State Energy Research and Development Authority to deposit funds into the designated bank account through an electronic fund transfer. EFT Payments are not deemed to have been made until the date on which the applicable full invoice amount has been transferred into the payees account. In the event that an erroneous electronic payment is sent, NYSERDA reserves the right to 'reverse' the electronic payment. In the event that 'reversal' cannot be implemented NYSERDA will utilize any other lawful means to retrieve payments to which the payee was not entitled. The Agreement represented by this authorization remains in effect until written notification of cancellation is provided by the payee.

Return completed EFT form to:

NYSERDA - RHNY
Attn: Bill Mitchell
17 Columbia Circle
Albany, NY 12203