



EFT Bank Information and Authorization Form

PLEASE COMPLETE THE ITEMS BELOW

____ - _____ OR _____ - _____ - _____
Federal Employer Identification Number (FEIN) Social Security Number

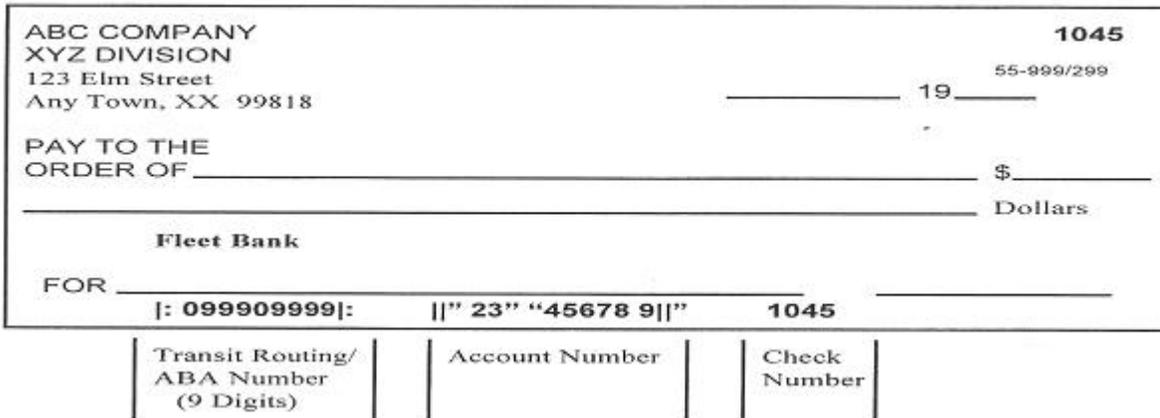
Payee Name & Address: (Please Type or Print)

Payee Name
Address Line 1
Address Line 2
City State Zip Code

Financial Institution: _____

ROUTING NUMBER _____ (see example below) ACCOUNT NO. _____ (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, NYSEDA reserves the right to 'reverse' the electronic payment. In the event that 'reversal' cannot be implemented NYSEDA 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:
NYSEDA
17 Columbia Circle
Albany, New York 12203
Attn: Joanne Sullivan