

### **Westchester Community College Accounts Payable**

# Electronic Funds Transfer (EFT) Vendor Direct Deposit Authorization Form

Authorization	is:
(check one)	

New

Change

**INSTRUCTIONS:** Please complete both sections of this Authorization Form and attach a voided check. See the reverse side for more information and instructions.

Mail to: Westchester Community College, 75 Grasslands Rd, Admin Rm 227, Valhalla, NY 10595 ATTN: Accounts Payable

Section I - Vendor Information			
1. Vendor Name:			
2. Taxpayer ID Number or Social Security Number:			
Vendor Primary Address			
4. Contact Person Name:	Contact Person Telephone Number:		
5. Vendor E-Mail Addresses for Remittance Notification:			
6 Vandar Cartification: I haraby authorize naumanta to be re-	actived by electronic funds transfer into the bank that I		
designate in Section II. I further understand that in the even	· · ·		
Westchester Community College reserves the right to rever cannot be implemented, Westchester Community College w			
to which the payee was not entitled.	m united any care. In manneant to retrieve paymente		
		Date	
Authorized Signature	Print Name/Title	Buto	
<b>Section II- Financial Institution Information</b>			
7. Bank Name:			
8. Bank Address:			
O Doubles Transit Number	10. Account Types		
9. Routing Transit Number:	10. Account Type: (check one) Check	ing Savings	
11. Bank Account Number:	12. Bank Account Title:		
Tr. Bank Account Nambor.	iz. Bank/toodak filio.		
13. Bank Contact Person Name:	Telephone Number:		
14. FINANCIAL INSTITUTION CERTIFICATION (required ONL			
attached to this form): I certify that the account number and type of account is maintained in the name of the vendor 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.			
Authorized Signature	Print Name / Title	 Date	
(Leave Blank - to be completed by Westchester			
Community College) - Vendor number assigned			

### **Westchester Community College Accounts Payable**

## Electronic Funds Transfer (EFT) Vendor Direct Deposit Authorization Form

#### **GENERAL INSTRUCTIONS**

Please complete both sections of the Vendor Direct Deposit Authorization Form and forward the completed form (along with a voided check for the account to which you want your payments credited) to:

Westchester Community College, 75 Grasslands Rd, Admin Rm 227, Valhalla, NY 10595 Attention: Accounts Payable

For questions please contact us at AccountsPayable@sunywcc.edu or (PH) 914-606-6633 or (Fax) 914-606-7846.

Please note that the confirmation process takes anywhere from 10 to 30 days to complete. All payments prior to this time will be paid via check.

Please see item 14 below regarding attachment of a voided check.

### Section I - VENDOR INFORMATION

- 1. Provide the name of the vendor as it appears on the W-9 form. In the event a W-9 is not on file, you will be requested to complete one.
- 2. Enter the vendor's Taxpayer ID number or Social Security Number as it appears on the W-9 form.
- 3. Enter the vendor's complete primary address (not a P.O. Box).
- 4. Provide the name and telephone number of the vendor's contact person.
- 5. Enter the business e-mail address for the remittance notification. **THIS IS VERY IMPORTANT**. This is the e-mail address that we will use to send you notification and remittance information two days prior to the payment being credited to your bank account. We suggest that you provide a group mailbox (if applicable) for your e-mail address. You may also designate multiple e-mail addresses.
- 6. Please have an authorized Payee/Company official sign and date the form and include his/her title.

### Section II - FINANCIAL INSTITUTION INFORMATION

- 7. Provide bank's name.
- 8. Provide the complete address of your bank.
- 9. Enter your bank's 9 digit routing transit number.
- 10. Indicate the type of account (check one box only).
- 11. Enter the vendor's bank account number.
- 12. Enter the title of the vendor's account.
- 13. Provide the name and telephone number of your bank contact person.
- 14. If you are directing your payments to a Savings Account OR you cannot attach a voided check for your checking account, this line needs to be completed and signed by an authorized bank official. IF YOU DO ATTACH A VOIDED CHECK FOR A CHECKING ACCOUNT, YOU MAY LEAVE THIS LINE BLANK.