



**Thruway  
Authority**

**ELECTRONIC PAYMENT AUTHORIZATION**

See Page 2 for Purpose, Instructions and additional notes.

**Section I Payee Information**

Authorization Type <input type="checkbox"/> New <input type="checkbox"/> Change		Payee Name (must match voided check/verification letter, if attached)			
Business Name/DBA (if applicable)			Taxpayer Identification No. (EIN or SSN)		
Remittance Email Address ( <b>required</b> )		Contact Name		Contact Phone No. (    )    -	
If electronic payment fails, mail check to address below ( <b>must match "Remit To" address shown on invoice</b> )					
Street		City	State	Zip Code	
By adding my initials, I wish to apply this banking information to all remittance addresses on file for the company listed above.					_____ Contact Initials

**Section II Certification**

I certify that I have read and understand this Electronic Payment Authorization, including the Recovery of Funds Deposited in Error as explained below, and authorize the New York State Thruway Authority (Authority) to deposit funds into the designated bank account through an electronic fund transfer. I further represent that I am authorized to execute participation in the ePayment program on behalf of the Payee listed above. The agreement represented by this authorization remains in effect until canceled by the payee.

**Consent of Bank Account Validation:** The Authority authenticates bank account ownership for all direct deposit requests to help prevent the transfer of funds to unauthorized bank accounts. If the Authority is unable to authenticate the direct deposit request, the vendor will be immediately notified of the adverse decision. I certify that I understand and agree that I am providing the Authority with my "written instructions" in accordance with the Fair Credit Reporting Act, and I am authorizing and acknowledge that the Authority may obtain bank account information including but not limited to account ownership, account number and bank routing information from a consumer reporting agency. I understand that the purpose of this report is to assist the Authority in its determination whether to transfer funds by validating that I am an authorized account holder, user or signatory of the account used or to be used in connection with the transfer of funds.

**Recovery of Funds Deposited in Error:** In the event that an erroneous electronic payment is sent, the Authority reserves the right to retrieve payments to which the payee was not entitled.

\_\_\_\_\_ (    ) \_\_\_\_\_ - \_\_\_\_\_  
 Authorized Official Name (print or type)      Authorized Official Title (print or type)      Phone No.

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Email Address      Signature      Date

Required if Joint Account

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Joint Account Holder Name (print or type)      Signature      Date

**Section III Financial Institution Information**

Financial Institution Name		Phone No. (    )    -	
Type of Account (check one) <input type="checkbox"/> Checking or Money Market <input type="checkbox"/> Savings	Routing Transit No. (Bank ABA)	Account No.	

**Section IV Financial Institution Certification** (Required only if check or verification letter is not attached)

I certify that the Bank ABA routing transit number indicated above is correct and that the account number and type is maintained in the name of the payee. As a representative of the Financial Institution indicated above, I certify that this Financial Institution is capable of receiving payments made through the Automated Clearing House (ACH) Network by ACH credit to the account shown above.

\_\_\_\_\_      \_\_\_\_\_  
 Financial Institution Officer Name (print or type)      Financial Institution Officer Title (print or type)

\_\_\_\_\_      \_\_\_\_\_  
 Financial Institution Officer Signature      Date

**Section V Thruway Authority Use Only**

Entered by	Date	Supplier Sites	Pre-note Date
Verified by and approved by	Date	Supplier Sites	Supplier No.

# ELECTRONIC PAYMENT AUTHORIZATION

## Instructions and Additional Information

**Purpose:** This form is completed by suppliers interested in participating in the Electronic Payment (ePayment) program.

**INSTRUCTIONS:** Complete Sections I through III. Section IV must be completed by your Financial Institution if a voided check or bank account/routing verification letter is is not attached. See below for additional information and mailing instructions.

**NOTE:** For your protection, this form cannot be altered (no cross outs, white outs, etc.). Photocopies, faxes or email transmissions of this form will not be accepted.

### New Enrollment

For new enrollment in the Electronic Payment (ePayment) program, complete the ELECTRONIC PAYMENT AUTHORIZATION (Authorization) (TA-W5201). The Payee Name and Remittance Address must be identical to the "Remit To" shown on invoices sent to the New York State Thruway Authority (Authority). All payments for this remittance address will no longer be sent by check; they will be made by ePayment through the Automated Clearing House Network. If a situation arises that does not allow the Authority to process an ePayment as requested, a check will be issued. Any remittance address that is not provided on an Authorization form, will continue to receive payments by check unless you authorize use of this banking information for all remittance addresses in Section I. Each remittance address may have only one electronic payment bank account.

Remittance notices are only sent via email. The remittance notice is sent in advance of the payment and will include reference to your invoice(s) or account number, amount and date of transfer.

Suppliers are encouraged to attach a voided check or bank account/routing verification letter to the Authorization. If a voided check or bank account/routing verification letter is not attached, your Financial Institution must complete Section IV and submit directly to the address below. An authorized official or representative of the payee's company must sign the Authorization. If the account is a joint account, the joint account holder must complete Section II. Once the appropriate sections of the Authorization are completed, including the attachment of a voided check or bank account/routing verification letter as may be necessary, submit all documentation in the following manner:

- Double-seal in envelope/mailed to the address listed below with **no** indication on the outer envelope/mailed that the contents are confidential.

**NYS Thruway Authority  
Office of Accounting and Disbursements  
Attention: Supplier Management  
200 Southern Boulevard  
Albany, NY 12209**

- Hand deliver by authorized employee of the payee or financial institution **or** send via FedEx, UPS, U.S. Postal Service or other courier.
- Confirm receipt.

Upon receipt of the completed Authorization, it will take approximately two weeks for the enrollment to be finalized. The Authority will run an account ownership authorization and a "pre-note" test against your account with a zero dollar amount to verify that the account information is correct. After this "pre-note" test, it will be a minimum of six business days before your first payment can be processed by ePayment.

### Changes to Existing Enrollment

Changes to existing ePayment authorizations can be made by completing a new Authorization and checking "Change" for Authorization Type. All change requests require the Payee Name and Taxpayer Identification No. (EIN or SSN) in addition to any revised information. An authorized official must sign the Authorization and submit to the address in the manner described above.

Changes to email addresses can also be made by sending a message from your new email address to the address listed below. Be sure to include Payee Name, your name, title and phone number.

Changes to remittance addresses can also be made by sending an email or fax to the addresses listed below indicating the new remittance addresses. Be sure to include Payee Name, your name, title and phone number in this notification and, if sending a fax, your signature.

Please note: For your protection, we will not accept email or fax notification of changes to Payee Name, Taxpayer Identification Number (EIN or SSN) or financial institution information. If you change your Payee Name or Taxpayer Identification Number you must complete a new SUPPLIER REGISTRATION (TA-W3254), W-9 and Authorization.

The Authority's email address and fax number are as follows:

**Email Address**  
suppliermgmt@thruway.ny.gov

**Fax**  
Attn: Supplier Management Unit, (518) 436-3011

### Withdrawal From the Program

Until canceled by the payee, the agreement represented by this Authorization remains in effect. In order to cancel, the payee must submit a letter which includes a request to withdraw, Payee Name, Taxpayer Identification Number (EIN or SSN) and the signature of an authorized official. The letter must be submitted to the address and in the manner described above. The cancellation will be processed within 15 days of receipt. After receipt and processing of the cancellation notice, all payments made to the payee will be processed by check.

### Notification Required Under Personal Privacy Protection Law

The information that you are providing in this form is being requested for the principal purpose of determining eligibility for and administering the Authority's ePayment program for contracts, purchasing and procurement with outside suppliers, not-for-profits and government entities. This information is being requested pursuant to the New York State Public Authorities Law as well as the New York State and Federal tax laws (see New York State Tax Law §674, 26 USC §6041). Failure to provide this information may result in a delay or prevent the receipt of payment through the ePayment program. This information will be provided only to the designated financial institution(s) and/or their agent(s) for the purpose of processing payments unless otherwise required by law to be released. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). This information is being requested by the Department of Finance & Accounts and will be maintained by the Supplier Management Unit in the Office of Accounting & Disbursements, New York State Thruway Authority, 200 Southern Boulevard, Albany, NY 12209-2098.