Solvay Union Free School District

PO Box 980
Syracuse, NY 13209

Vendor Electronic Payment Form

Return completed form and required account verification to Jennifer Carlton by mail or via email to jcarlton@solvayschools.org.

District Use:
Date Received:
Date Entered:
First Prenote:

Please complete this form to enroll in electronic payments or make changes to active accounts.

****A current voided check, current bank statement, or bank letter on bank letterhead must accompany this form for new requests and changes****

Tax ID # or SSN

Payee Name

Remittance Address
Street | Suite/Room #

Remittance Address
City | State | Zip

Contact Name | Title

Contact Email Address | Phone

FINANCIAL INFORMATION

Financial Institution Name

Financial Institution Street Address

Financial Institution Address
City | State | Zip

Routing Number

Account Number

Account Type ☐ Checking ☐ Savings

Remit Email Address

All remittance information will be emailed to the Remit Email Address.

Please check one:

☐ **New request**
☐ **Change/update existing account**
☐ **Inac**ůÅØÍ·ůŜ ŜĚλăůλÿƎ Í·ŎŎƻdzÿů

ALL BOXES BELOW MUST BE REVIEWED AND CHECKED

☐	I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, and the requirements of the Office of Foreign Assets Control (OFAC). I affirm the entire amount of the payment will not be transferred to a foreign bank account.
☐	I authorize the Solvay Union Free School District to initiate ACH payments, and if necessary, adjustments for any ACH payments in error, to the financial institution and account identified on the attached certification document. This authority will remain in effect until I, the vendor, cancel it in writing or the authority is terminated by the Solvay Union Free School District.
☐	I have attached a copy of a current voided check, current bank statement, or included a bank letter on bank letterhead.

Print Name: | **Date:**

Signature: | **Title:**

Clear Form | Save Form | Print Form