



NEW YORK UNIVERSITY

BUSINESS PAYMENT FORM

(LAST REVISED SEPTEMBER 2014)

Form BUS5000
For Accounts Payable Use Only

When a Purchase Order is not required, use this form to arrange for payment to a business entity with a Federal Tax I.D. number. (Refer to the [BUS5000 Instructions](#) on FinanceLink for further information.)

You must provide ALL PAYEES with a [Tax Compliance Notification Form](#) (for Payments via Accounts Payable). The Payee must then provide you with either a completed Tax Compliance Notification Form (applicable to non-US Company/Entity payees) or a [Form W-9](#). Attach the completed Tax Compliance Notification Form or Form W-9 to this payment request. All non-U.S. Company/Entity payees will then be contacted by the NYU Tax Department to obtain additional tax forms via GLACIER, an online tax compliance system. More information can be obtained on FinanceLink at <http://www.nyu.edu/employees/resources-and-services/financelink/tax.html>.

NOTE: Failure to complete information in GLACIER and/or to submit forms from GLACIER, if required, may result in maximum tax withholding for non-U.S. Company/Entity payees.

PAYEE INFORMATION

1. FULL BUSINESS NAME (INCLUDE INC., CORP., LTD., ETC.)		For Accounts Payable Use Only
		VENDOR NUMBER
2. ADDRESS		5. ENCLOSURE TO BE MAILED WITH CHECK (Extra copy of invoice must be attached.) <input type="checkbox"/> YES
3. FEDERAL TAX ID NUMBER <small>(NEW SUPPLIERS ONLY – Must attach completed W-9 or Tax Compliance Notification Form.)</small>	4. DEPARTMENT TO BE CHARGED	

EXPENSE/ACCOUNT DETAILS

6. INVOICE NUMBER (up to 12 char.) OR DESCRIPTION (6 char./digits) & SERVICE DATE (SEE INSTRUCTIONS)	7. INVOICE DATE OR DEPARTMENT PROCESS DATE	8. AMOUNT	9. CHARTFIELD					TAX CODE
			ACCOUNT	FUND	ORG/DEPT	PROGRAM	PROJECT	
		\$						
TOTAL AMOUNT		\$						

10. TOTAL AMOUNT REQUESTED (IN WORDS)
11. DESCRIBE FULLY THE NATURE OF THE PAYMENT (Description will not appear on the check)

12. SIGNATURES/APPROVALS

CONTACT PERSON	CONTACT PERSON'S EMAIL ADDRESS	TEL. NUMBER	DATE
NAME OF APPROVER	SIGNATURE OF APPROVER	TEL. NUMBER	DATE

ACH Enrollment & Authorization

Account Status

Set Up New Account

Change Account Profile

TIN:

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E-mail Address _____

(payment remittance information will be sent to this address)

Business Name/ Account Name _____

Account Type Checking Savings Other Please describe: _____

Bank Name _____

Bank Routing Number:

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Bank Account Number:

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Attach one of the following (check one)

Voided check

Bank letter or specification sheet¹

¹ See your bank representative for information

Authorization

I hereby authorize New York University to electronically deposit any payments made by its Accounts Payable Department into the bank account specified above. This authorization will remain in full force until the University receives written notice of its termination in such time and manner as to afford the University and bank named above a reasonable opportunity to act upon it. In the event that the University notifies the bank that funds have been deposited to the account in error, I hereby authorize and direct the bank to return such funds to the University as soon as possible. In the event that for any reason the bank is unable to return said funds to the University, I hereby authorize the University to recover those funds by any of the following methods: (1) deducting the amount of said funds from any future payments from the University; (2) demanding in writing the return of the funds, in which case I hereby agree to return such funds to the University within two weeks of receipt of the written demand. These remedies shall be in addition to and not in lieu of any other remedies available to the University under law. I further agree that if such funds are not repaid to the University, I will be liable for all costs of collection, including reasonable attorney fees incurred by the University in the collection of such funds, together with the maximum interest permitted by law.

Due to the Banking System account verification procedures, it will take approximately 2 weeks for direct deposit to become effective. Payments will be made by check until the effective date of the direct deposit.

(Signature of corporate officer or individual account holder)

(Date)

(Print name and title of corporate officer or individual account holder)

FOR NYU ACCOUNTS PAYABLE USE ONLY

NYU Vendor#	Vendor side confirmation provided by
Entered by	Date
Approved by	Date

ACH Enrollment & Authorization Instructions

1. VENDOR INFORMATION (all areas must be completed)

- Provide complete **company name**, include INC., CORP., LTD., where applicable.
- Provide the **e-mail** address to which payment remittance information should be sent each time a deposit is made to your account.
- Provide the **contact name** and **telephone number** of the company’s representative to whom inquiries regarding ACH issues can be directed.

2. BANKING INFORMATION

- Refer to the diagram below to ensure accurate banking information is provided.

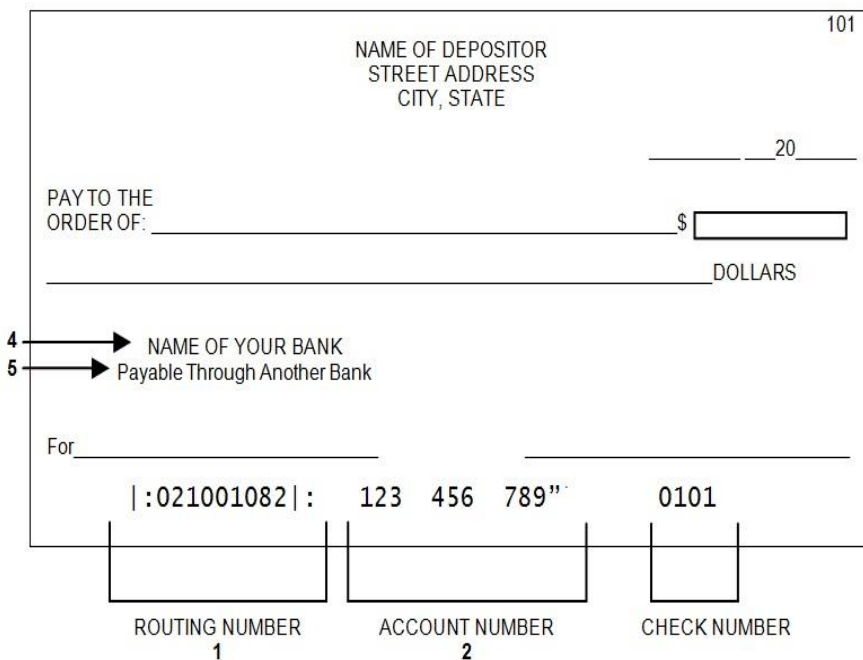
ROUTING TRANSIT NUMBER – your financial institution’s 9 digit routing transit number

ACCOUNT NUMBER – Your account number at your financial institution

FINANCIAL INSTITUTION NAME – The name of the institution to which payments will be directed

FINANCIAL INSTITUTION ADDRESS – The address of your financial institution

The Routing Transit Number (RTN) can be obtained from the financial institution or found on the bottom of the check



1. **ROUTING TRANSIT NUMBER** – Here you would put “021001082”
2. **ACCOUNT NUMBER** – Here you would put “123-456-789”. Note the use of the dash symbol.
3. **ACCOUNT TITLE** (must include employee name)
4. **FINANCIAL INSTITUTION NAME** If your check includes “payable through” under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit processing.

3. FORWARD COMPLETED FORMS TO:

CDV.APCS@nyu.edu

NOTE: THE ACH ENROLLMENT FORM MUST BE FILLED OUT COMPLETELY. INCOMPLETE FORMS WILL NOT BE PROCESSED. ALL FUTURE CHANGES TO THE INFORMATION PROVIDED MUST BE DONE BY SUBMITTING A NEW FORM TO THE NYU SUPPLIER ON-BOARDING DEPARTMENT WITHIN PROCUREMENT. YOU ARE RESPONSIBLE TO FOLLOW UP TO ENSURE THAT THE FORMS ARE RECEIVED.



Wire Transfer Setup for Foreign Suppliers

Account status

Set Up New Account

Change Account Profile

Name of Correspondent US Bank _____

(For payments being made in US Dollars)

US Bank ABA or SWIFT Code

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Foreign Bank Name _____

SWIFT Code

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Account Name _____

International Bank Account Number (IBAN)

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(Signature of corporate officer or individual account holder

Date)

(Print name and title of corporate officer or individual account holder)

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NYU vendor number

Entered by

Date

Approved by

Date