



SFS Payment Method Form

All payments associated with this contract will be sent to the primary address or bank account number associated with your NYS SFS Vendor ID, unless we are notified to send the payment to an alternate destination that you have previously registered with the NYS Statewide Financial System (SFS).

Your NYS SFS vendor information and payment methodologies can be reviewed and updated via the web at www.osc.state.ny.us/vendors/.

Please complete the form below and return it with your contract package. You should note that any alternate location identified below must first be registered with the NYS Statewide Financial System (SFS).

If you have any questions, please contact Kelly Buchalski at 518-320-1677 or kelly.buchalski@suny.edu.

Payment Method and Destination Confirmation

Firm Name & Address: _____

Project Number _____ Project Title _____

SFS Vendor ID _____

Payments for this contract should be sent to:

_____ The default payment destination for our firm as noted within our SFS Vendor records

_____ The SFS alternate payment destination for our firm: _____

Signed by Principal _____ Date _____

Completed confirmation should be returned with your contract package.