

# Supplier, Retiree and Workers' Compensation ACH Request Form for Direct Deposit Payments

FIN-AP-023A



## Section 1 – Information and Instructions

The purpose of this form is to have MTA payments deposited electronically into your bank account through ACH (Automated Clearing House).

Please complete the applicable sections:

Supplier – Sections 2, 5 & 6

Retiree Medicare Reimbursements – Sections 3, 5 & 6

Workers' Comp Recipients – Sections 4, 5 & 7

Please email the completed form to [bscservice@mtabsc.org](mailto:bscservice@mtabsc.org).

If you have any questions, please contact the MTA Business Service Center (BSC) at 646-376-0123 or [bscservice@mtabsc.org](mailto:bscservice@mtabsc.org) for assistance.

## Section 2 - Supplier Information

Date	
Vendor Name	
Vendor ID Number	Identification# TIN/SSN
Requestor Name	Requestor Title
Phone	Email Address

## Section 3 – Retiree Information

**Please provide the information below for Medicare Reimbursement payments only. Retiree Vendor ID number, if previously assigned, can be found on the addendum/check statement from a previous check you have received.**

Date	
Retiree Name	
Retiree Vendor ID Number	Identification# BSCID and/or PASS
Phone	Email Address
Address	

## Section 4 – Workers' Compensation Claimant Information

**WC Claimant Vendor ID number, if previously assigned, can be found on the addendum/check statement from a previous check you have received.**

Date	
WC Claimant Name	
WC Claimant Vendor ID Number	Identification# BSCID/SSN and/or PASS
Phone	Email Address
Address	

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## Section 5 – Depositor's Banking Information

*Please check with your financial institution to complete the requested information in this section. Direct deposit is only available if your financial institution is part of the New York State Automated Clearinghouse. In addition, the depositor's name MUST appear on the account.*

Please provide banking details below:

ACH Confirmation Email Address (To receive detailed ACH payment information)

Account Type  Checking  Savings

Bank Name

Name on Bank Account

ABA Routing Number

Bank Account Number

## Section 6 – Authorization (Suppliers/Retirees)

*I do hereby certify that to the best of my knowledge the above information is true and correct.*

Signature

Date

## Section 7 – Authorization (Workers' Comp)

**MTA or Transit Claim number can be found on the addendum/check statement from a previous check you have received. Please contact the WC Board if you do not know your WCB claim number.**

MTA or Transit Claim Number

WCB Claim Number

*DEPOSITOR/CLAIMANT/JOINT ACCOUNT HOLDER CERTIFICATION I certify that I am entitled to receive the underlying compensation payments or death benefits and circumstances entitling me to benefits or death benefits have not changed. I understand that the claim administrator may request an annual certification of continued entitlement to such payments or benefits and that such certification must be provided within sixty days in order to continue payments by direct deposit.*

Depositor/Claimant Certification Signature

Date

Joint Account Holder Certification Signature

Date