

The State University of New York

Payment Method - Pay Card

Instructions	Read the bottom of this form, mark the new box and complete Section 1. Authorize the form. Submit to <u>your payroll office or e-mail form to payroll@rfsun</u>							
	To Cancel:	employee	e number in Sec	, mark the cancel b tion 1, then authoriz ail form to payroll@	ze and date th	our name and ne form in Section 2 . Submit to		
Type of Transa	ction: Ne	w	☐ Cancel					
SECTION 1 (To be completed by participant.)								
First name			Middle Initial	Last Name				
Employee Number				Telephone Number: Home/Cell:		Work:		
Street Address						Apt. #		
City			State	Zip				
Pay Card Options: (Select One)								
Deposit a fixed amount of \$ (i.e.,\$100.25)								
Deposit net pay								
Participant Authorization								
By checking this box I certify that I have read and understood the lower portion and back of the form. I authorize the Research Foundation for SUNY to deposit my pay to a Key Bank Pay Card. <i>For electronic submission no signature required</i> .						Date		
Signature:								
SECTION 2 (To be authorized by employee to CANCEL Pay Card)								
		Parti	cipant Volun	tary Cancellation	on			
By checking this box I am choosing to discontinue receiving a Key Bank Pay Card. For electronic submission no signature required.						Date		
Signature:								

I hereby authorize The Research Foundation for SUNY to deposit my pay to the Key Bank Pay Card. I hereby authorize my employer to act as my agent to submit my application for the Key Bank Pay Card to Key Bank the issuer of the Key Bank Pay Card, and to send and receive communications on my behalf to and from Key Bank regarding my Key Bank Pay Card. By the time I receive the Key Bank pay card I acknowledge and agree that this authorization may be rejected or discontinued by my employer or Key Bank at any time. I understand that this authorization replaces any previous authorization relating to my employer payment to me, and unless terminated by my employer or Key Bank, this authorization will remain in full force and effect until my employer has received written notification from me of its termination in such time as to afford it a reasonable opportunity to act.

The USA Patriot Act requires Key Bank to obtain, verify, and record information that identifies each person or business that opens a new account. By completing or otherwise providing this application and/or the information on it, the Cardholder agrees to provide and consents to Key Bank obtaining, if necessary from third parties, Cardholder's name, residential address, date of birth, and Social Security number to verify Cardholder's identity.

PLEASE READ THIS CAREFULLY

The information on this form is confidential and is required to process payment data from The Research Foundation for SUNY to Key Bank for the Pay Card program. Failure to provide the requested information may delay or prevent receipt of payments through the Pay Card Program.

Cancellation of Pay Card:

Pay will be directly deposited to Pay Card until Pay Card is cancelled by the Participant.

<u>Cancellation by the Participant</u>: You may stop participating in pay card at any time by notifying your operation location payroll office and completing a new Pay Card Enrollment Form. On the new form, check the Cancel box, fill in your name and Employee number, then sign and date the form under voluntary cancellation. The cancellation will not take effect until it is processed by the Research Foundation. Or you can use Employee Self Service and update your payment method.

Your Responsibilities:

You are responsible for verifying that your Pay Card has been funded each payday. (You are responsible for notifying the payroll office if your Pay Card has not been funded).

Your pay may be delayed as the result of an error in the Pay Card process, so you must notify your operating location payroll office immediately when you become aware of an error.

Pay Card will not terminate automatically when you change from one operating location to another. You must also complete an enrollment form with your new operating location payroll office.