



**NEW YORK STATE TEACHERS' RETIREMENT SYSTEM**  
**10 Corporate Woods Drive, Albany, NY 12211-2395**  
**(800) 348-7298 or (518) 447-2900**  
**Purchasing@NYSTRS.org**

## SUPPLIER FORM

<b>Part I: Supplier Information</b>											
Legal Business Name	Business Name / Disregarded Entity Name, if different than Legal Business Name. Doing Business As (DBA)										
Entity Type ( <i>Check one only</i> )  <input type="checkbox"/> Individual Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Federal, State or Local Government <input type="checkbox"/> Public Authority  <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Not For Profit <input type="checkbox"/> Trusts / Estates <input type="checkbox"/> LLC, tax classification (C, S, P) _____  <input type="checkbox"/> Corporation, tax classification (C, S) _____              Select corporation type from dropdown _____  <input type="checkbox"/> Other _____	Exemptions (codes apply only to certain entities, not individuals)  Exempt payee code ( <i>if any</i> ): _____  Exemption from FATCA reporting code ( <i>if any</i> ): _____  <i>(Applies to accounts maintained outside the U.S.)</i>										
<b>Part II: Taxpayer Identification Number (TIN) &amp; Taxpayer Identification Type</b>											
Enter your TIN here ( <i>DO NOT USE DASHES</i> ) <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 150px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
Taxpayer Identification Type ( <i>Check appropriate box</i> ) <input type="checkbox"/> Employer ID No. (EIN) <input type="checkbox"/> Social Security No. (SSN) <input type="checkbox"/> Individual Taxpayer ID No. (ITIN) <input type="checkbox"/> N/A (Non-U.S. States Business Entity)											
<b>Part III: Addresses</b>											
<b>Physical Address</b>	<b>Remittance Address</b>										
Number, Street, and Apartment or Suite Number	Number, Street, and Apartment or Suite Number										
City, State, and Nine Digit Zip Code or Country	City, State, and Nine Digit Zip Code or Country										
<b>Part IV: Credit Cards</b>											
Do you accept credit card payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does a surcharge apply to such payments? <input type="checkbox"/> Yes <input type="checkbox"/> No										
<b>Part V: Classification</b> ( <i>Check all that apply</i> )											
<input type="checkbox"/> WBE <input type="checkbox"/> MBE <input type="checkbox"/> SDVOBE <input type="checkbox"/> Small Business <input type="checkbox"/> Other ( <i>Specify</i> ) _____											
Certification issued by: _____											
<b>Part VI: Certification and Exemption From Backup Withholding</b>											
Under penalties of perjury, <u>by signing below</u> , I certify that:											
1. The number shown on this form is the correct Taxpayer Identification Number (TIN) for the person or entity listed in Part I above; and,											
2. I am a U.S. citizen/entity or other U.S. person/entity; and,											
3. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.											
4. ( <i>Check one only</i> ):											
<input type="checkbox"/> <b>I am not subject to backup withholding.</b> I am (a) exempt from backup withholding; or, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or, (c) the IRS has notified me that I am no longer subject to backup withholding.											
<input type="checkbox"/> <b>I am subject to backup withholding.</b> I have been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, and I have not been notified by the IRS that I am no longer subject to backup withholding.											
<b>Part VII: Signature of Authorized Individual</b>											
Signature/Date	Title										
Name	Email/Phone										

**Invoices must be sent to: AP@NYSTRS.ORG**

<b>Part VIII: Banking Information for ACH Payment</b>	
Financial Institution	Financial Institution City, State
Bank Routing Number	Account Number
Email (Payment notification will be sent to this email address)	
<b>Part IX: ACH Certification</b>	
<p><b>I CERTIFY THAT I READ AND UNDERSTAND THE VENDOR ACH TERMS AND CONDITIONS, INCLUDING THE AUTHORIZATION FOR RECOVERY.</b>            By signing below, I authorize payment to be sent to the designated financial institution, to be deposited into the specified account. Additionally, by signing below, I allow NYSTRS, through my financial institution, to debit the account in order to recover any payment to which I am not entitled or that was deposited in error.</p>	
<b>Part X: Signature of Authorized Individual</b>	
Signature/Date	Title
Name	Email/Phone
<b>Part XI: Supplier Contact Person (If different than person(s) identified in Part VII and/or Part X)</b>	
Name	Title
Email	Phone

## VENDOR ACH TERMS AND CONDITIONS

### Payment by ACH Transfer

New York State Teachers' Retirement System (NYSTRS) will tender payment for goods provided and/or services rendered by ACH. Vendor will provide NYSTRS with a completed authorization form to establish this practice between the parties. Vendor agrees to the terms of the applicable authorization in addition to the following terms:

### Authorization

I hereby authorize NYSTRS to initiate credit entries, and in accordance with New York State and federal laws, to initiate adjustments for any credit entries made in error to the account indicated. I hereby authorize the financial institution/bank named, hereinafter called the DEPOSITORY, to credit and/or debit the same to such account.

### Duration of Authorization

The authorization agreement is effective as of the signature date and is to remain in full force and effect until NYSTRS has received written notification from me or my duly authorized representative of its termination in such time and such manner as to afford NYSTRS and the DEPOSITORY a reasonable opportunity to act on it. NYSTRS will continue to send ACH payments to the DEPOSITORY indicated until notified by me that I wish to change the DEPOSITORY receiving the ACH payments. If my DEPOSITORY information changes, I agree to submit to NYSTRS an updated ACH Vendor Authorization Agreement.

### Electronic Fund Transfer Act

Some of the transactions permitted under this Agreement are governed by the Electronic Fund Transfer Act, and some of the terms and conditions of this Agreement are disclosed as required by the Act. NYSTRS' vendors are not entitled to those rights provided to Consumers by the Electronic Fund Transfer Act. Therefore, the Electronic Fund Transfer Disclosure is not applicable to transfers to accounts provided by NYSTRS' vendors.

### Consent to Electronic Delivery of Notices

You agree that any notice or other type of communication provided to you pursuant to the terms of this Agreement, and any future disclosures required by law, including electronic funds transfer disclosures, may be made electronically by email. Any such email will be considered received by you within three (3) calendar days of the date sent by NYSTRS, regardless of whether or not you open your email messages within that timeframe. You agree to notify us immediately of any change in your email address.

### Governing Law

This Agreement shall be governed by the laws of the State of New York and, only where specifically applicable, by Federal Law.

**Invoices must be sent to: AP@NYSTRS.ORG**