

# Accounting and Budget Development Electronic Funds Transfer (EFT) Payment Enrollment Form

Use this form to request EFT payments from the Los Angeles County Office of Education (LACOE). Through its financial system, LACOE will process Automated Clearing House (ACH) payments with an addenda record that contains required payment related information.

#### PRIVACY ACT STATEMENT

The following information is provided to comply with Privacy Act of 1974. All information collected on this form is required under the provision of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by LACOE to transmit payment data, by electronic file transfer to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the ACH Payment System.

#### CHECKING ACCOUNT VALIDATION

For the purpose of EFT payments, payees are requested to ensure the checking account specified on this enrollment form remains active. Payees shall notify the Accounts Payable Section with changes related to the ability of the specified checking account to receive ACH payment. A voided check copy is required for the verification of bank account and routing transit numbers.

New EFT Account	Change in Bank Account or Mailing Address or Contact	Delete EFT Account
New EFT Account	Change in Bank Account of Mailing Address of Contact	Delete EFT Account
Section II - CHECKIN		
NAME OF FINANCIAL INSTITUTION	FINANCIAL INSTITUTION INFORMATION	
ADDRESS (NUMBER, STREET, CITY, STA	TATE, AND ZIP CODE)	
NINE DIGIT ROUTING TRANSIT NUMBER		TELEPHONE NUMBER
MINE DIGIT TOOTING TO MONDE		TELET HONE NOWBER
DEPOSITOR ACCOUNT NUMBER (NOT TO EXCEED 17 DIGITS)		
INOT TO EXCEED IT DIGITS!		
NOTE: An example of a void	ded check, on page 2, indicates where to locate the routing transit number for the word "VOID" across the front of the check.	e bank and the bank accou
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NOTE: An example of a void		e bank and the bank accou
NOTE: An example of a void number. Remember to mark to Section III	the word "VOID" across the front of the check.  PAYEE/COMPANY INFORMATION	
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NOTE: An example of a void number. Remember to mark to section III  NAME OF PAYEE/COMPANY  ADDRESS OF PAYEE/COMPANY (NUMBER)	PAYEE/COMPANY INFORMATION  BER, STREET, CITY, STATE, AND ZIP CODE)	FEIN/SSN
NOTE: An example of a void number. Remember to mark to section III  NAME OF PAYEE/COMPANY  ADDRESS OF PAYEE/COMPANY (NUMBER)  NAME OF CONTACT PERSON  I hereby authorize the LACC	PAYEE/COMPANY INFORMATION  BER, STREET, CITY, STATE, AND ZIP CODE)  Title Email Address  OE to initiate credit entries for payments to the account indicated in Section II.	TELEPHONE NUMBER  , and the depository named
NOTE: An example of a void number. Remember to mark to section III  NAME OF PAYEE/COMPANY  ADDRESS OF PAYEE/COMPANY (NUMBER)  NAME OF CONTACT PERSON  I hereby authorize the LACC is authorized to credit suc	PAYEE/COMPANY INFORMATION  BER, STREET, CITY, STATE, AND ZIP CODE)  Title Email Address  COE to initiate credit entries for payments to the account indicated in Section II. Ch account. Pursuant to the National ACH Association rules, LACOE may in	TELEPHONE NUMBER   and the depository named nitiate a reversing entry of the second
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Section IV				
LOCAL EDUCATIONAL AGENCY INFORMATION				
NAME OF AGENCY		FEIN		
ADDRESS OF AGENCY (NUMBER, STREET, CITY, STATE, AND ZIP CODE	)	I		
NAME OF CONTACT PERSON	FAX NUMBER	TELEPHONE NUMBER		
Section V	DUE DU ICENCE			
	DUE DILIGENCE			
I hereby acknowledge that all necessary measures have been taken to ensure that the EFT/ACH modifications being requested are legitimate and trustworthy. That our agency has called the vendousing a known and previously-established contact phone number, validating the changes, and that all best practice outlined in the Los Angeles County Office of Education Bulletin #6625 and #6738 have been taken into considerations.				
AUTHORIZED SIGNATURE		DATE SIGNED		
TITLE				

#### INSTRUCTIONS FOR COMPLETING ENROLLMENT FORM

## 1. Section I - Desired Activity

Check the box indicating the desired action, e.g. ADD, MODIFY, or DELETE

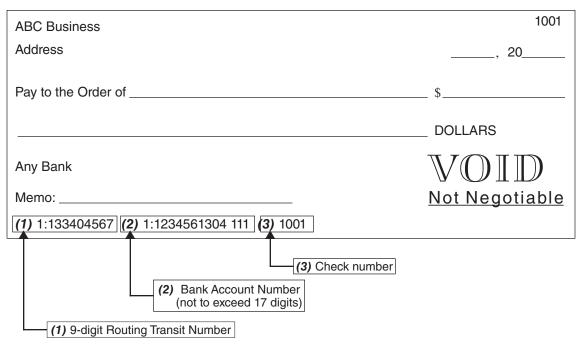
#### 2. Section II - Financial Institution Information Section

Enter the name and address of the financial institution receiving the ACH payment, telephone number, nine-digit routing transit number, and checking account number. **ONLY CHECKING ACCOUNTS CAN BE USED.** 

## 3. Section III - Payee/Company Information Section

Enter the name of the payee/company, the address, the Federal Employer ID (FEIN) or Social Security Number (SSN), the designated contact person, and their telephone number.

## **Example of Voided Check**



### 4. Section IV - Local Educational Agency Information Section

Local Educational Agency types or prints name and address of the agency and provides contact information.

#### 5. Section V - Due Diligence Section

Vendor approvers must fill out section.