



**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.**

Section I - Please check appropriate box(es).

New EFT Account Change in Bank Account or Mailing Address or Contact Delete EFT Account

Section II - CHECKING ACCOUNTS ONLY

FINANCIAL INSTITUTION INFORMATION

NAME OF FINANCIAL INSTITUTION														
ADDRESS (NUMBER, STREET, CITY, STATE, AND ZIP CODE)														
NINE DIGIT ROUTING TRANSIT NUMBER:										TELEPHONE NUMBER				
<input type="text"/>										<input type="text"/>				
DEPOSITOR ACCOUNT NUMBER (NOT TO EXCEED 17 DIGITS)														
<input type="text"/>														

NOTE: An example of a voided check, on page 2, indicates where to locate the routing transit number for the bank and the bank account number. Remember to mark the word "VOID" across the front of the check.

Section III

PAYEE/COMPANY INFORMATION

NAME OF PAYEE/COMPANY										FEIN/SSN									
ADDRESS OF PAYEE/COMPANY (NUMBER, STREET, CITY, STATE, AND ZIP CODE)																			
NAME OF CONTACT PERSON					Title					Email Address					TELEPHONE NUMBER				
I hereby authorize the LACOE to initiate credit entries for payments to the account indicated in Section II, and the depository named is authorized to credit such account. Pursuant to the National ACH Association rules, LACOE may initiate a reversing entry or reversing file to recall a duplicate or erroneous entry or file which they previously initiated. If the reversal attempt fails, LACOE may employ other appropriate means to correct the error.																			
AUTHORIZED SIGNATURE										DATE SIGNED									
TITLE										Email Address									

Section IV**LOCAL EDUCATIONAL AGENCY INFORMATION**

NAME OF AGENCY		FEIN
ADDRESS OF AGENCY (NUMBER, STREET, CITY, STATE, AND ZIP CODE)		
NAME OF CONTACT PERSON	FAX NUMBER	TELEPHONE NUMBER

Section V**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 vendor using a known and previously-established contact phone number, validating the changes, and that all best practices 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

ABC Business	1001	
Address _____	_____, 20____	
Pay to the Order of _____	\$ _____	
_____	DOLLARS	
Any Bank	VOID	
Memo: _____	Not Negotiable	
(1) 1:133404567	(2) 1:1234561304 111	(3) 1001

(1) 9-digit Routing Transit Number

(2) Bank Account Number
(not to exceed 17 digits)

(3) Check number

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.