# LaGov ELECTRONIC FUNDS TRANSFER ENROLLMENT FORM

**Please review instructions before completing this form. Please print or type.**
**Please attach a copy of a voided check, deposit slip, or bank statement.**

| | |
|---|---|
| Vendor Name: _____ | Please Check One: [ ] New Enrollment [ ] Change |
| Vendor Address: _____<br>City: _____ State: ____ Zip: _____ | For OSRAP use only: *(LaGov Vendor)*<br>Vendor No.: _____ |
| Vendor FEIN/SSN: _____ | Partner Function: _____ |
| ACH Routing No.: _____ — Circle C for Checking or S for Savings<br>Check/Savings Ind: C or S | Bank Account No.: _____ |
| *Change from* ACH Routing No. *(only filled in for Change):* _____ — Circle C for Checking or S for Savings<br>Check/Savings Ind: C or S | *Change from* Bank Account No. *(only filled in for Change):* _____ |
| Bank ACCT DESCR: _____ | |
| Bank Name: _____<br>Bank Telephone No.: ( _____ ) _____ - _____ | Bank Address: _____<br>City: _____ State: ____ Zip: _____ |

By completing the information listed above, I hereby authorize the State of Louisiana, Division of Administration and their designees (**State**) to initiate ACH credit entries to the financial institution account listed as requested by the individual or organization above (Vendor) for payment of goods and services received. This authorization is to remain in full effect until such time as the **State** is notified in writing by the vendor. This notification must include such time and be in such a manner as to afford reasonable time for the **State** to act on it. I certify that I am authorized to complete the information listed above in the unshaded areas on behalf of the individual or organization named above and resolve issues related to enrollment. The information presented above is true and correct for the individual or organization named above. I am solely responsible for any fees assessed by my financial institution for their services. The **State** reserves the right to issue a check for payment when the situation warrants. **I agree to notify the State of changes to the information listed on this form immediately. Failure to provide the State with correct information or failure to notify the State of changes to bank and/or account information will result in the Vendor bearing sole liability for lost and/or misdirected payments. I understand I will receive my remittance information through the LaGov Supplier Portal (SUS).**

| Yes | No |
|---|---|
| | |

**Please check the appropriate box to indicate if the payments you receive are deposited in a U.S. Financial Institution and transferred to an account outside the United States. Yes means receipts are transferred to an account outside of the U.S. No means receipts are not transferred to an account outside of the U.S.**

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|---|---|---|---|---|---|
| Vendor's Authorized Signature: | | Print Name: | | | |
| Title and Email Address: | / | Date: | _ _/_ _/_ _ | Phone #: | (_ _ _)_ _ _-_ _ _ _ ext _ _ _ _ |

**FINANCIAL INSTITUTION:**

**I confirm that the routing and account information listed above is correct and our financial institution has the ability to receive ACH credit files and remittance information electronically.**

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|---|---|---|---|---|---|
| Financial Institution's Authorized Signature: | | Print Name: | | | |
| Title and Email Address: | / | Date: | _ _/_ _/_ _ | Phone #: | (_ _ _)_ _ _-_ _ _ _ ext _ _ _ _ |