

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: _____		Vendor FEIN/SSN: _____	For OSRAP use only: Location Code: __
ACH Routing Number: _____	Circle C for Checking or S for Savings Check/Savings Ind: <b>C or S</b>	Bank Account Number: _____	
Bank ACCT DESCR: _____			
Bank Name: _____		Change from ACH Routing No. (only filled in for Change/Delete): _____	
Bank Address: _____		Change from Bank Account No. (only filled in for Change/Delete): _____	
City: _____ State __ Zip _____		Bank Telephone Number: (____)____-____ Ext _____	

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 good 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 understand that by utilizing the State's EFT payment process, I will no longer receive remittance advices from the State of Louisiana for payments issued. I am instead to contact my financial institution for remittance information and I am utilizing a financial institution which has the capability to receive such information. 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 the sole liability for lost and/or misdirected payments.**

Yes	No	<b>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. <u>Yes</u> means receipts are transferred to an account outside of the U.S. <u>No</u> means receipts are <u>not transferred</u> to an account outside of the U.S.</b>
-----	----	---

Vendor's Authorized Signature:		Print Name:	
Title and E-mail Address:		Date:    __/__/__	Phone #:    (____)____-____ ext ____
<b>FINANCIAL INSTITUTION:</b>			
<b>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.</b>			
Financial Institution's Authorized Signature:		Print Name:	
Title and E-mail Address:		Date:    __/__/__	Phone #:    (____)____-____ ext ____

Attach a copy of a voided check.

\*\*\*TEMPORARY CHECKS OR TEMPORARY DEPOSIT SLIPS ARE NOT ACCEPTED.\*\*\*