



## Electronic Funds Transfer (EFT) Payment Enrollment Form

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment related information processed through the Business Enhancement System Transformation (BEST) Advantage Financial System by the Los Angeles County Office of Education. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

### 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 the Los Angeles County Office of Education 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 Automated Clearing House Payment System.

### ACCOUNT VALIDATION

For the purpose of EFT payments, vendors are requested to ensure the account specified on this enrollment form remains active. Vendors shall notify the appropriate party(s) for any changes related to the ability of the specified account to receive ACH payment.

- Vendors complete Sections I and II.
- Financial Institutions complete Section III.
- Local Educational Agencies complete Section IV.
- Vendor Approvers complete Section V.

### Section I - Please check appropriate box(es).

<input type="checkbox"/> New EFT Account	<input type="checkbox"/> Change in Bank Account or Mailing Address or Contact	<input type="checkbox"/> Delete EFT Account
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### Section II

#### PAYEE/COMPANY INFORMATION

NAME OF PAYEE/COMPANY	FEIN
ADDRESS OF PAYEE/COMPANY (NUMBER, STREET, CITY, STATE, AND ZIP CODE)	
NAME OF CONTACT PERSON	TELEPHONE NUMBER (     )
I hereby authorize the Los Angeles County Office of Education to initiate credit entries for vendor payments to the account indicated below, and the depository named below is authorized to credit such account. Pursuant to the National Automated Clearing House Association rules, the Los Angeles County Office of Education 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, the Los Angeles County Office of Education may employ other appropriate means to correct the error.	
AUTHORIZED SIGNATURE	DATE SIGNED
TITLE	

### Section III

#### FINANCIAL INSTITUTION INFORMATION

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

**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**

Payee checks the box indicating the desired action, e.g. **ADD, MODIFY, or DELETE**

**2. Section II - Payee/Company Information Section**

Payee prints or types the name of the payee/company and address that will receive ACH vendor payments, Federal Employer ID (FEIN), designated contact person and assigned telephone number.

**3. Section III - Financial Institution Information Section**

Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. The financial institution also enters type of account to be used, e.g. checking or savings into the appropriate box.

Footnote - A voided check or savings deposit slip may be required by the Local Educational Agency for the verification of bank account and routing transit numbers. An example of a voided check, shown below, indicates where to locate the routing transit number for your bank and your bank account number. Remember to mark the word "VOID" across the front of your check or savings deposit slip.

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

**(3)** Check number

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

**(1)** 9-digit Routing Transit 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.