

OFFICE OF COMMUNITY DEVELOPMENT

For your convenience, an enrollment form and the instructions are sent with your Community Development Block Grant contract. Completed forms and a copy of a voided check should be mailed or faxed directly to the address below. **For confidentiality reasons, do not return this form to any state agency other than the Office of Statewide Reporting and Accounting Policy (OSRAP)**. Should you have any questions, please direct those inquiries to OSRAP:

Office of Statewide Reporting and Accounting Policy
 P.O. Box 94095
 Baton Rouge, LA 70804-9095
 OSRAP Help Desk (225) 342-1097
 FAX (225) 342-0964

COMPLETING THE ENROLLMENT FORM:

You are to complete the unshaded portions of the enrollment form. Please complete the fields with the following information:

Vendor Name – The name of your company or organization as it appears on the bank account referenced.

Please Check One – Select New Enrollment or Change.

Vendor Address – The mailing address of your organization to which all payments are sent.

NOTE: If this address is different from the address on your check, please explain the differences on a separate sheet and attach it to the EFT form.

Vendor FEIN/SSN – The Federal Tax Identification Number or Social Security Number of your organization.

ACH Routing Number – The 9 digit routing code of the financial institution for the specified savings or checking account to which funds will be deposited. If funds are deposited into your checking account, the routing number usually precedes your checking account number on the bottom of your checks.

Check/Savings Indicator – Circle the appropriate letter. "C" denotes a checking account and "S" denotes a savings account.

Bank Account Number – The bank account to which funds are to be deposited.

Bank ACCT DESCR – A general description of the bank account. For example, "Company XYZ corporate checking account."

Bank Name – The name of the financial institution to which funds will be deposited.

Bank Address – (lines 1 - 3) The mailing address of the financial institution to which funds will be deposited.

City/State/Zip – The Bank's City/State/Zip for the mailing address listed.

Bank Telephone Number – The telephone number of the branch or bank office to contact for assistance with transmission problem resolution.

International ACH Transactions – Check the appropriate box. **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. A Box must be checked before the EFT enrollment form can be processed.

Vendor's Authorized Signature – The signature of the individual completing this form (Payee).

Print Name – Print or type the name of the individual completing this form.

Title – The title of the individual completing this form.

Date – The date the form is completed.

Phone Number – The telephone number of the individual completing the form.

NOTE: Please include a copy of a voided check or a letter from your financial institution for depository accounts as verification of account information. A representative from your financial institution must complete and sign the shaded area at the end of the form.

ELECTRONIC FUND TRANSFER (EFT) INFORMATION
 Please verify and include this information before completing this form. Please print or type.
 Do not include any of the following information: Social Security Number, date of birth, or any other identifying information.

Vendor Name: Town of Madison Please Check One: New Enrollment Change

Vendor Address: P.O. Box 36, Madison, LA 71477 For OSRAP use only
 Vendor FEIN/SSN: 726000343 Location Code: _____

ACH Routing Number: 09100639 Circle C for Checking or S for Savings
 Check/Savings Ind: Cor S

Bank ACCT DESCR: Town of Madison LeDBG Account

Bank Name: Bank of Louisiana Bank Address: _____
 Bank Address: _____

City: Madison State: LA ZIP: 71477 Bank Telephone Number: (337) 731-1144 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 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 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 sole liability for lost and/or misdirected payments.

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.

Vendor's Authorized Signature: <u>Sally Smith</u>	Print Name: <u>Sally Smith</u>
Title: <u>Pay Clerk</u>	Date: <u>05/11/11</u> Phone #: <u>(318) 673-1144</u> 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.	
Financial Institution's Authorized Signature: _____	Print Name: _____
Title: _____	Date: _____ Phone #: () - _____ ext: _____

Send completed form & void check to DOA-OSRAP EFT Section at P.O. Box 94095, Baton Rouge, LA 70804-9095 or fax to (225) 342-0964

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: C or S	Bank Account Number: _____	
Bank ACCT DESCR: _____			
Bank Name: _____		Bank Address: _____	
Bank Address: _____		Bank Address: _____	
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 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 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 sole liability for lost and/or misdirected payments.**

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

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