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 XYX 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 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: Town of Madison	Please Check One: [✓] New Enrollment [ ] Change
Vendor Address: P.O. Box 36, Madison, LA 71477	Vendor FEIN/SSN: 726000343 — For OSRAP use only. Location Code: __
ACH Routing Number: 091000039 — Circle C for Checking or S for Savings — Check/Savings Ind: (C) or S	Bank Account Number: 713243953
Bank ACCT DESCR: Town of Madison LCDBG Account	
Bank Name: Bank of Louisiana	Bank Address: P.O. Box 734
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:	Sally Smith	Print Name:	Sally Smith		
Title:	Town Clerk	Date:	05/01/11	Phone #:	(318) 675-1144 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. 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:		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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