



M.J. "MIKE" FOSTER, JR.
GOVERNOR

State of Louisiana
DIVISION OF ADMINISTRATION

OFFICE OF STATEWIDE REPORTING AND ACCOUNTING POLICY

MARK C. DRENNEN
COMMISSIONER OF ADMINISTRATION

March 28, 2002

MEMORANDUM

TO: State of Louisiana Payees

FROM: F. Howard Karlton, CPA
Director

SUBJECT: EFT Enrollment

As your entity is eligible to receive payments from the State of Louisiana via EFT (Electronic Funds Transfer), you may elect to receive all payments by check or by EFT. If you elect to receive your payments via EFT, the attached form must be completed and signed by an authorized individual within your organization and your financial institution. At the time of enrollment, all participants must have an active checking or savings account at a bank that can accept ACH credit files and remittance information electronically. The State will not establish duplicate vendor locations to accommodate multiple bank accounts or enroll one-time payment vendors. Your entity must agree to all terms on the enrollment form. Upon receipt of the completed enrollment form, entry and activation of your EFT record will take between 5-10 days. After your enrollment has been activated, payments to you will be sent electronically in the normal course of business, unless we are notified otherwise, in writing. **If changes occur that effect your bank or account information after submitting the enrollment form, contact our office immediately through the telephone number or address listed below. Failure to do so will result in lost payments. The State will bear no responsibility for lost or misdirected payments if it is determined that you failed to notify us of changes effecting your bank or account or failed to provide correct information.**

Vendors that elect to receive payments via EFT will not be sent paper remittance advices. This information will be transmitted electronically to the financial institution receiving these funds on your behalf. The remittance information sent electronically will mirror the information currently printed on check stubs. Remittance information includes: Issuing agency name, telephone number, agency number, document number, reference document number, invoice number, comments, and payment amount. This information is provided in a CTX entry in ASCX12 Interchange Control Structures (ANSI ASC X12.5), Application Control Structure (ANSI ASC X12.6) and ANSI ASC X12 transactions containing the 820 Transaction Set (ANSI ASC X12.4). The 820 Transaction Set will contain your remittance information. **Your financial institution must have the ability to receive remittance information electronically and agree to provide that information to you upon request. Ensure that you specifically ask if they can provide you with the information found in the 820 Transaction Set. By signing the attached form, you agree to receive your**

remittance information through your bank. You will be responsible for any fees assessed by your financial institution for this service. Please note that **all payments** issued by the State of Louisiana to the location specified will issue through EFT regardless of the agency requesting payment. Therefore, it is critical that you receive your remittance advices from your financial institution in a user-friendly format. If upon receipt of the remittance information, you have questions regarding a payment, you should contact the agency whose telephone number is provided.

Further, in case of an overpayment you must agree to allow the State to withdraw funds electronically from your account. The agency that issued the overpayment must have either documentation from you (i.e., a credit memo) or notified you that an overpayment occurred before the funds can be withdrawn.

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 agency other than the Office of Statewide Reporting and Accounting Policy (OSRAP). All questions pertaining to completion of the form, your enrollment and manner of in which funds were disbursed through EFT should be directed to OSRAP:

Office of Statewide Reporting and Accounting Policy
P. O. Box 94095, Capitol Station
Baton Rouge, LA 70804-9095
FAX (225) 342-1053
OSRAP Help Desk (225) 342-1097

COMPLETING THE ENROLLMENT FORM:

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

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

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

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

ABA NO/CHCK Digit - 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 Ind - Circle the appropriate letter. "C" denotes the account information provided is for 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 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.

Preparer's Signature - The signature of the individual completing this form.

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 that this portion of the form is completed.

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

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